

**Attachment D-4**

**Department of Commerce  
United States Census Bureau  
OMB Information Collection Request  
2017 Economic Census  
OMB Control Number 0607-XXXX**

**Draft Previews of Standard, Consolidated, and Classification Questionnaires  
Sectors 31-33**

Attachment	Sector	Instrument Path	Instrument Path Title
D-4	31-33	31151	Creamery Butter Manufacturing
		31180	Retail Bakeries
		33153	Nonferrous Metal Die-Casting Foundries
		33242	Metal Can Manufacturing

**DEFINITION OF ESTABLISHMENT**

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

**MAILING ADDRESS**

Please update the mailing address if needed.

ATTN
RECORD_ATTN_TXT

Name 1
RECORD_NAME1

Store/Plant
RECORD_STORE

Name 2
RECORD_NAME2

Number and Street
ADDR_STREET

City, town, village, etc.
ADDR_CITY

State
Select State or Territory

ZIP Code
ADDR_ZIP

**PHYSICAL LOCATION**

Please update the physical location if needed.  
(P.O. Box and rural route addresses are not physical locations.)

Number and Street
PHYSLOC_ADDR_STREET

City, town, village, etc.
PHYSLOC_ADDR_CITY

State
Select State or Territory

ZIP Code
PHYSLOC_A

**For Census Bureau Use Only**

CFN
RECORD_CFN

ELECTRONIC_B
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**LEGAL BOUNDARY AND MUNICIPALITY**

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Item 1: Employer Identification Number

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
<input type="text"/>

**ADDITIONAL REPORTING GUIDELINES**

**GENERAL INSTRUCTIONS**

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

**How to Report Dollar Figures:**

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report	Check if None	2017
	<input type="checkbox"/>	\$ 2036 ,000.00

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report	Check if None	2017
	<input checked="" type="checkbox"/>	\$ ,000.00

**How to Report Percents:**

Percents should be **rounded to whole** percents

EXAMPLE: If figure is 38.76% of total sales

Report	2017
	39 %

**ITEM 2A: OWNERSHIP OR CONTROL**

Is your company owned or controlled by another domestic company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION**

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No



**ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY**

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD**

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

**ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION**

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State  
Select States and Territories

ZIP Code

EIN

**ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION**

Does your company operate in more than one location?

- Yes
- No

Item 2B: Number of Establishments

**ITEM 2B: NUMBER OF ESTABLISHMENTS**

How many establishments operated under EIN at the end of 2017?

2017
<input type="text"/>

**ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY**

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

**ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION**

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State

ZIP Code

Describe kind of business at this location

**For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.**

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll  
 (Jan - March 2017)

2017  
 \$  ,000.00

Annual Payroll

2017  
 \$  ,000.00

Sales, Shipments, Receipts, or Revenue

2017  
 \$  ,000.00

**ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS**

**Consolidating Data for EIN :**

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.



**ITEM 3: OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2017?


- In operation
- Under construction, development, or exploration
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator

Item 3: Operational Status - Ceased Operation Date

**ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE**


When did this establishment cease operation?

MMDDYYYY



**ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION**

When was this establishment sold or leased to another operator?

MMDDYYYY  
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State  
Select States and Territories

ZIP Code

EIN

Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check  
if  
None

2017  
Number

**ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A.** What was the total value of products shipped and other receipts for this establishment?  
(Report detail in **Item 22**.)

**Include:**

- All products physically shipped from this establishment during 2017

**Exclude:**

- Freight charges
- Excise taxes

Check if None

	2017	
\$	<input type="text"/>	,000.00

**B.** What was the value of products shipped for export?  
(This is a breakout of the \$, 000.00 reported in **Item 5**, line A.)

**Include:**

- Products sold to the U.S. government to be shipped to foreign governments under military and economic assistance programs
- Products shipped to exporters or other wholesalers for export
- Products shipped to foreign subsidiaries or foreign divisions of your company and their affiliates

**Exclude:**

- Products shipped for further manufacture, assembly, or fabrication in the United States
- Freight charges
- Excise taxes
- Overseas sales to the U.S. government
- Shipments of bunker fuels and other supplies and equipment for U.S. vessels and planes engaged in foreign trade

\$	<input type="text"/>	,000.00
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**C.** What was the market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture?  
(This is a breakout of the \$, 000.00 reported in **Item 5**, line A.)

**Include:**

- A reasonable portion of other costs (company overhead)
- A reasonable portion of profits

**Exclude:**

- Products that are shipped to or on order from your company's sales or wholesale offices and sold to customers outside your company

\$	<input type="text"/>	,000.00
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**D.** What percent of the \$,000.00 reported in **Item 5**, line A were for goods that were ordered or whose movement was controlled or coordinated over electronic networks?  
(Report whole percent.)

E-shipments are online orders accepted for manufactured products from customers. These include shipments to other domestic plants of your own company for further manufacture, assembly, or fabrication. The price and terms of sale for these shipments are negotiated over an online system. Payment may or may not be made online.

**Include:**

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

<input type="text"/>	%
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**ITEM 7: EMPLOYMENT AND PAYROLL**

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) listed in **Item 1**
- All persons on paid sick leave, paid holidays, and paid vacation during the year at this establishment

**Exclude:**

- Full-or part-time leased employees whose payroll was filed under an employee leasing company's EIN (Report values in **Item 16**, line D1.)
- Temporary staffing obtained from a staffing service (Report values in **Item 16**, line D1.)
- Purchased professional and technical services (Report values in **Item 16**, line D9.)
- Subcontractors and their employees (Report cost of contract work in **Item 16**, line A3.)
- Fishermen, agricultural employees, members of the Armed Forces, and pensioners carried on your active rolls

**A.** What was the number of **production** workers at this establishment (**direct labor including first-line supervisors**) for the quarterly pay periods:

**Include:**

- Workers engaged in fabricating, processing, assembling, inspecting, receiving, packing, warehousing, shipping (but not delivering), maintenance, repair, janitorial, guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other closely associated services (including truck drivers delivering ready-mixed concrete)

	Check if None	2017 Number
1. March 12 (Q1)?	<input type="checkbox"/>	<input type="text"/>
2. June 12 (Q2)?	<input type="checkbox"/>	<input type="text"/>
3. September 12 (Q3)?	<input type="checkbox"/>	<input type="text"/>
4. December 12 (Q4)?	<input type="checkbox"/>	<input type="text"/>
<b>TOTAL Production</b> workers at this establishment ( <b>direct labor including first-line supervisors</b> ) (Add lines A1 through A4.)	<input type="checkbox"/>	<input type="text"/>
<b>B. Average</b> number of <b>annual production</b> workers at this establishment ( <b>direct labor including first-line supervisors</b> )? (Divide <b>TOTAL Production</b> workers by 4 and round to the nearest whole number.)	<input type="checkbox"/>	<input type="text"/>

**C.** What was the number of all **other (non production)** employees at this establishment for the **first quarter** (January - March 2017)?

**Include:**

- Officers at **this** establishment, if a corporation
- Supervision above line-supervisor level
- Sales employees, including delivery (truck driver and helpers)
- Advertising, clerical, credit, collection, purchasing, finance, legal, executive, and technical employees
- Employees installing and servicing this establishment's products

**Exclude:**

- Proprietors and partners, if an unincorporated concern
- Temporary staff and leased employees (Report values in **Item 16**, line D1.)

	<input type="checkbox"/>	<input type="text"/>
<b>TOTAL</b> (Add lines B and C.)	<input type="checkbox"/>	<input type="text"/>

**D. HOURS WORKED:**

What was the **annual** number of hours worked by the **production** workers at this establishment (**direct**

labor including first-line supervisors) reported in line B?

**Exclude:**

- Hours paid for vacations, holidays, or sick leave unless an employee elects to work during their vacation period. Report only actual hours worked by such employee. Overtime hours should be reported as actual hours worked and not as straight-time equivalent hours.

2017 Hours		,000
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**E. PAYROLL**

What was the **annual** payroll at this establishment before deductions for:

**Exclude:**

- Employer-paid annual cost for fringe benefits reported in lines F1 through F3

1. Production workers reported in line B?

2017		
\$		,000.00

2. All other employees reported in line C?

\$		,000.00
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**TOTAL** (Add lines E1 and E2.)

\$		,000.00
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What was the **first quarter** payroll at this establishment before deductions (January - March 2017)?

\$		,000.00
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**F. EMPLOYER-PAID ANNUAL COST FOR FRINGE BENEFITS**

*(This is the employer's annual cost at this establishment for legally required programs and programs not required by law. If any of the items here are maintained in your records only at the company level, allocate their costs to the manufacturing establishment. You may distribute the total on the basis of the ratio of the payroll of each manufacturing establishment to the total company payroll unless you have developed your own method of making such allocations. Specify the method used and the approximate portion that has been allocated in the REMARKS section at the end of the instrument.)*

**Include:**

- Premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs)
- Spread on stock options that are taxable to employees at this establishment as wages

**Exclude:**

- Employee contributions
- Disbursements from trusts or funds to satisfy health insurance claims

What were the **employer's annual costs** at this establishment for:

1. **Health Insurance?** - Insurance premiums on hospitals, medical plans, and single-service plans such as dental, vision, and prescription drug plans

\$		,000.00
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2. **Retirement Plans?**

**a. Defined benefit pension plans (qualified and nonqualified)** - Plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include employee's compensation and years of service and are not allocated to specific accounts maintained for employees.

\$		,000.00
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**b. Defined contribution plans** - Plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity.

**Examples:**

- Profit sharing plans
- Money purchases (e.g., 401k, 403b)
- Stock bonus plans (e.g., ESOPs)

\$		,000.00
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3. **Payroll taxes, employer-paid insurance premiums, and other employer-paid benefits?**

**Include:**

- Legally-required fringe benefits (e.g. Social Security, workers compensation insurance, state disability insurance programs, long- and short- term disability, unemployment tax, and Medicare)

- Life insurance benefits
- "Quality of life" benefits (e.g. childcare assistance, adoption assistance, subsidized commuting, long-term care insurance, flexible workplace, employer-provided home PC, etc.)
- Employer contributions to pre-tax benefit accounts (e.g. health savings account)
- Education assistance
- Stock options
- Other benefits not specified above (e.g. job-related travel accident insurance, education assistance, wellness programs, fitness centers, employee assistance programs, etc.)

**Exclude:**

- Disbursements from trusts or funds to satisfy health insurance claims

\$		,000.00
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**4. TOTAL** (Add lines F1 through F3.)

\$		,000.00
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**ITEM 9: VALUE OF INVENTORIES**

Report inventories at cost or market using generally accepted accounting practices, and report all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiple-establishment company, assign to each establishment those inventories that the establishment is responsible for as if it owned them.

What were the value of inventories **owned by this establishment** as of December 31 before Last-In, First-Out (LIFO) adjustment (if any) for:

	Check if None	2017	Check if None	2016
<b>A.</b> Finished goods (final output of this establishment, but still within ownership)?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
<b>B.</b> Work-in-process (goods that have been substantially transformed in the manufacturing process, but are not yet the final output of the establishment)?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
<b>C.</b> Materials, supplies, fuels, etc. (goods that are raw inputs to the manufacturing process and will be substantially altered to produce this establishment's output)?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
<b>TOTAL</b> (Add lines A through C.)	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00

**ITEM 10: INVENTORIES BY VALUATION METHODS**

Of the \$, 000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2017 and the \$,000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2016, how much is subject to the following valuation methods:

**A. Non-LIFO (Last-In, First-Out) valuation methods**

	Check if None	2017	Check if None	2016
1. First-In, First-Out (FIFO)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
2. Average Cost?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
3. Standard Cost?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
4. Other non-LIFO valuation method(s)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
Describe				
<b>TOTAL</b> (Add lines A1 through A4.)	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>B. LIFO Valuation Method</b> (gross LIFO amount)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>TOTAL</b> Non-LIFO and LIFO methods (Add TOTAL of lines A1 through A4 and B.)	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>C. What is the amount of LIFO reserve</b> (if any)? (If the value of reserve is negative, use "-".)	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00

**ITEM 11: INVENTORIES OUTSIDE OF THE UNITED STATES**

Of the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2017, and the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2016, what was the value of inventories stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

**Exclude:**

- Inventory held in Foreign Trade Zones or in bonded warehouses in the U.S

For more detailed definitions, please see:

<http://enforcement.trade.gov/ftzpage/info/ftzstart.html>

Check  
if  
None

2017  
\$  ,000.00

Check  
if  
None

2016  
\$  ,000.00

**ITEM 13: ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS**

**Include:**

- Dollar value of assets, capital expenditures, and retirements
- Buildings, structures, and equipment used directly or indirectly by this establishment to produce the goods and services reported in **Item 5**, line A and **Item 22**

	<input type="checkbox"/> Check if None	2017 \$ <input type="text"/> ,000.00
<b>A.</b> What was the gross value of depreciable assets ( <b>acquisition costs</b> ) at the beginning of the year?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>B.</b> What were the capital expenditures for new and used depreciable assets in 2017 for:		
<b>1.</b> New and used buildings and other structures?		
<b>Exclude:</b>		
• The value of land on which structures stand	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>2.</b> New and used machinery and equipment?		
a. Automobiles, trucks, etc. for highway use?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
b. Computers and peripheral data processing equipment?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
c. All other expenditures for machinery and equipment?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>TOTAL</b> (Add lines B1 and B2a through B2c.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>C.</b> What was the gross value of depreciable assets sold, retired, scrapped, destroyed, etc.?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>D.</b> What was the value of depreciable assets at the end of the year? (Add lines A, B1, B2a through B2c and subtract line C.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

**ITEM 14: RENTAL PAYMENTS**

**Include:**

- Operating leases

**Exclude:**

- Capital leases (leases with a contract to own at the end of the lease)

At this establishment, what were the payments for:

**A. Rental or lease of buildings and other structures?**

**Include:**

- Job-site trailers
- Land on which the buildings and other structures stand

Check  
if  
None

2017	
\$	,000.00

**B. Rental or lease of machinery and equipment?**

**Include:**

- Production, loading, and transportation machinery and equipment
- Construction equipment
- Tools
- Office equipment
- Furniture
- Vehicles

**Exclude:**

- Computer time-sharing charges for machinery and equipment rentals from computer service companies where the computer is not on site at the establishment

\$	,000.00
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\$	,000.00
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**TOTAL** (Add lines A and B.)

**ITEM 16: SELECTED EXPENSES**

**A.** For this establishment, what were the production-related costs in 2017 for:

**1.** Materials, parts, containers, packaging, supplies, etc. used for manufacturing processes, repairs, services for others, or other operating supplies? (Report detail in **Item 18**.)

**Include:**

- Cost of production-related materials purchased by this establishment for other companies (contractors).

**Exclude:**

- Non-production-related expenses that were paid to other companies (contractors) by this establishment. (Report these expenses on the next screen in **Item 16**, line D.)

Check if None

**2.** Products bought and sold without further processing? (Report sales in **Item 5**, line A and in Wholesaling Services product codes in **Item 22**.)

**3.** Work done for you by others on your materials (work contracted to others)? (Report on line A1 the cost of production-related materials purchased by this establishment for other companies (contractors).)

**4.** Purchased fuels consumed for heat, power, or the generation of electricity? (Report on line B2 the quantity of electricity generated (Gross less generating station use).)

**5.** Purchased electricity? (Report comparable quantity on line B1.)

**TOTAL** (Add lines A1 through A5.)

2017	
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00

**B.** For this establishment, what was the quantity of:

**1.** Purchased electricity? (Quantity comparable to cost reported in line A5)

**2.** Generated electricity (gross less generating station use)? (Quantity comparable to cost reported in line A4)

**3.** Electricity sold or transferred to other establishments? (Also include quantity on lines B1 and/or B2.)

2017 Kilowatt Hours	
[ ]	,000
[ ]	,000
[ ]	,000

**C.** For this establishment, what were the depreciation/amortization charges for the current year obtained from your income statement? (Include depreciation on all assets reported in **Item 13**.)

2017	
\$	[ ] ,000.00

**ITEM 16: SELECTED EXPENSES**

D. What were the other operating expenses paid by this establishment in 2017 for:

**Include:**

- Expenses normally considered as non-production-related costs purchased from other companies

1. Temporary staff and leased employees? (Professional Employer Organizations and staffing agencies for personnel)

**Include:**

- All charges for payroll, benefits, and services

Check if None

2017	
\$	,000.00

2. Expensed equipment? (Expensed computer hardware and other equipment)

**Include:**

- Copiers
- Fax machines
- Telephones
- Shop and lab equipment
- CPUs
- Monitors

**Exclude:**

- Packaged software (Report on line D3.)
- Leased and rented equipment (Report in **Item 14**, line B.)

\$	,000.00
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3. Expensed purchases of software? (Purchases of prepackaged, custom-coded or vendor-customized software)

**Include:**

- Software developed or customized by others
- Web-design services and purchases
- Licensing agreements
- Upgrades of software
- Maintenance fees related to software upgrades and alterations

\$	,000.00
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4. Purchased communication services?

**Include:**

- Telephone, cellular, and fax services
- Computer-related communications (e.g., Internet, connectivity, online)
- Other wired and wireless communication services
- Credit card transaction fees

\$	,000.00
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5. Data processing and other purchased computer services?

**Include:**

- Computer facilities management services
- Computer input preparation
- Data storage
- Computer time rental
- Optical scanning services
- Other computer-related advice and services, including training

**Exclude:**

- Services provided by other establishments of this company (such as a separate central data processing unit)
- Expensed integrated systems (Report in line D4.)
- Repair and maintenance of computer equipment (Report on line D6.)
- Payroll processing and credit card transaction fees (Report payroll processing fees on line D9 and credit card transaction fees on line D4.)
- Expenses for telecommunication services (e.g., Internet, connectivity, telephone) (Report on line D4.)

\$	,000.00
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6. Purchased repairs and maintenance to buildings and/or machinery and equipment?

**Include:**

- Repairs for painting, roof repairs, replacing parts, over-hauling of equipment, and other repairs chargeable as current operating costs
- Cost of repair and maintenance of any leased property if this establishment assumes the cost

**Exclude:**

- Extensive "repairs" or reconstruction that is capitalized. Report these as a capital expenditures in **Item 13**.
- Costs of materials, parts, and supplies directly incurred by this establishment using its own work force to perform repairs and maintenance

\$  ,000.00

7. Water, sewer, refuse removal, and other non-electric utility payments?

(Report electric utility payments on line A5. If the costs of these utilities are included in a lease or rental payment, report in **Item 14**, line A.)

**Include:**

- Cost of hazardous waste removal or treatment

**Exclude:**

- Cost of refuse removal services if included in rental payments
- Machinery or equipment reported as a capital expenditure in **Item 13**
- Cost of salaries paid to employees of this establishment whose work involves refuse removal and/or hazardous waste removal or treatment

\$  ,000.00

8. Purchased advertising and promotional services?

**Include:**

- Marketing and public relations services

**Exclude:**

- Salaries paid to employees of this establishment for advertising work

\$  ,000.00

9. Purchased professional and technical services?

**Include:**

- Management consulting
- Accounting
- Auditing
- Bookkeeping
- Legal
- Actuarial
- Payroll processing
- Architectural
- Engineering
- Other professional services (i.e. janitorial, security, or landscape services)

**Exclude:**

- Salaries paid to your own employees for these services (Report in **Item 7**.)

\$  ,000.00

10. Governmental taxes and licensing fees? (Payments to government agencies for taxes and licenses)

**Include:**

- Business and property taxes

**Exclude:**

- Income taxes

\$  ,000.00

11. All other operating expenses not reported elsewhere?

**Exclude:**

- Purchases of merchandise for resale
- Non-operating expenses

Describe

\$  ,000.00



TOTAL (Add lines 1 through 11.)

\$

,000.00

**ITEM 17A: PRINCIPAL BUSINESS OR ACTIVITY**

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?  
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.  
**Select only ONE.**

311512 001  Creamery Butter Manufacturing

311511 001  Fluid Milk Manufacturing

311513 001  Cheese Manufacturing

311514 001  Dry, Condensed, and Evaporated Dairy Product Manufacturing

311520 001  Ice Cream and Frozen Dessert Manufacturing

773000 001  Other principal business or activity - Describe

Describe

**ITEM 18: DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES**

Of the \$,000.00 of materials, parts, and supplies in 2017, reported on Item 16, line A1, how much was for the following specified materials?

**General** - The sum of the costs of the itemized materials in this section should equal the figure reported on **Item 16**, line A1 (*Cost of materials, parts, containers, packaging, etc. used*). The following is a breakout of the \$,000.00 currently reported there. The materials, parts, and supplies listed below are commonly consumed in the manufacture, processing, or assembly of the products listed in **Item 22**.

- Please review the entire list and report separately each item consumed.
- Leave a material blank if you did not consume the item.
- Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.
- If the information as requested cannot be taken directly from your book records, **reasonable estimates are acceptable**.

**Valuation of Materials Consumed** - The value of the materials, parts, and supplies consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts, and including freight and other direct charges incurred in acquiring the materials.

- Materials transferred from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).
- If purchases or transfers do not differ significantly from the amounts actually consumed, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory, reported on **Item 9**.

**Contract Manufacturing** - The value of materials used for products produced under contract by other companies.

**Include:**

- Materials purchased by this establishment to be consumed by companies that are manufacturing products for this establishment under contract.

**Exclude:**

- Amounts paid to companies that are manufacturing products for this establishment under contract. Report these amounts on **Item 16**, line A3 (*Cost of work done for you by others on your materials*).
- Materials owned by other companies but used by this establishment to make products under contract or for a commission.

**Wholesaling Activities** (previously **Resales**) - The costs of imported or domestic products bought and sold or transferred from other establishments of your company and sold without further manufacture, processing, or assembly **should not be reported here**.

- The cost of these wholesale products should be reported on **Item 16**, line A2 (*Cost of products bought and sold without further processing*).
- The value of these wholesale products shipped by this establishment should be reported in **Item 22** on the line appropriate for the type of Wholesaling activity being reported.

Description	Census Material Code	Value
1. Creamery butter	31151200	\$ <input type="text"/> ,000.00
2. Whole milk	11212000	\$ <input type="text"/> ,000.00
3. Fluid milk products and dairy product substitutes	31151100	\$ <input type="text"/> ,000.00
4. Dry, condensed, and evaporated dairy products, including dry dairy product substitutes	31151400	\$ <input type="text"/> ,000.00
5. Natural cheese, process cheese, and cheese substitutes	31151300	\$ <input type="text"/> ,000.00
6. Aluminum and aluminum-base alloy sheet, plate, foil (including packaging products), and welded tubing	33131501	\$ <input type="text"/> ,000.00
7. Plastics containers (including bottles, jars, tubes, tubs, etc.)	32610002	\$ <input type="text"/> ,000.00
8. Plastics products (including packaging, foam products, film, sheet, rod, tube, fabricated shapes, bottles, etc.), excluding containers, hoses, belting, and gaskets	32610001	\$ <input type="text"/> ,000.00
9. Paper and paperboard products	32200000	\$ <input type="text"/> ,000.00
10. Cost of all other materials and components, parts, containers, and supplies consumed	00970099	\$ <input type="text"/> ,000.00
<input type="text"/>		
<b>TOTAL</b>	77100000	\$ <input type="text"/> ,000.00

**ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUE**

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?  
**Select ALL that apply.**

**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

The manufactured products and services listed below are generally made in your industry. Select the items that apply to your establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

**Manufacturing of Products Section** – Includes products shipped and services performed

**Include:**

- Products made elsewhere by others from materials supplied by this establishment.
- Products transferred to other establishments within your company.

**Exclude:**

- Wholesaling products (previously **Resales**) - Products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.
- Products **made from materials owned by others** (i.e. the customer). If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

**Wholesaling Products Section** – Includes product lines sold by this establishment. These product lines were previously grouped together in one product code - **Resales**.

**Include:**

- Products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment.
- Imported products, including products made by your foreign affiliates, which are **sold without further manufacture, processing, or assembly** by this establishment.

**Exclude:**

- Receipts for construction, delivery, installation, and service contracts from the commodity sales.

**Services Section** – Report receipts from providing services to customers or other establishments of your company; services include engineering, maintenance, repair, installation, etc.

**Manufacturing of:**

1. Creamery butter	<input type="checkbox"/>	2000875000
a. Creamery butter, shipped in commercial packages or in bulk	<input type="checkbox"/>	2000875003
b. Creamery butter, shipped in consumer packages	<input type="checkbox"/>	2000875006
c. Creamery butter, anhydrous milkfat (butteroil)	<input type="checkbox"/>	2000875009
2. Fluid milk and cream, bulk sales (including whole milk, 2% reduced fat, 1% lowfat, skim or fat-free milk, flavored milk, buttermilk, eggnog, etc.)	<input type="checkbox"/>	2000800000
3. Cottage cheese (including bakers', pot, and farmers' cheese)	<input type="checkbox"/>	2000975000
4. Other fluid milk related products, (including heavy cream, light coffee cream, unflavored sour cream, half and half, and whipped topping with butterfat base), packaged	<input type="checkbox"/>	2001200000
5. Canned milk products, including evaporated, condensed, milk-based infants' formula (liquid), whole milk, and other, shipped in consumer-type cans, excluding substitutes	<input type="checkbox"/>	2001150000
6. Concentrated milk products, shipped in bulk (barrels, drums, and tanks)	<input type="checkbox"/>	2001250000
a. Concentrated milk products, including concentrated whey and buttermilk, shipped in bulk (barrels, drums, and tanks), feed grade	<input type="checkbox"/>	2001250003

b. Concentrated milk products, whey (solids), shipped in bulk (barrels, drums, and tanks), food grade (excluding all types of ice cream mixes)	<input type="checkbox"/>	2001250006
c. Concentrated milk products, all other types, shipped in bulk (drums, barrels, and tanks), food grade (excluding ice cream and ice cream mixes)	<input type="checkbox"/>	2001250009
7. Dry milk (whole, nonfat, and other), food grade (bakeries, confectioners, meat packers, etc.), shipped in bulk (more than 3 lb)	<input type="checkbox"/>	2000700000
8. Dry milk products and mixtures (dry milk, dry buttermilk, dry whey, etc.), feed grade, shipped in bulk (more than 3 lb)	<input type="checkbox"/>	2000650000
9. Ice cream, including custards (excluding lowfat and nonfat), shipped in bulk (containers 3 gallons or more)	<input type="checkbox"/>	2001025000
10. Ice cream, including custards (excluding lowfat and nonfat), novelty forms	<input type="checkbox"/>	2001075000
<b>All other sales, shipments, receipts, or revenue from this establishment</b>		
11. Other food and beverage contract manufacturing services	<input type="checkbox"/>	2051560000
12. Wholesaling services for dairy products, except dried, canned, condensed, and evaporated dairy products	<input type="checkbox"/>	4000050000

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

If quantities are requested, please use the unit of measure specified.

Below are the products and services you previously selected. If you make products or have revenue from sources not listed, describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

**Manufacturing of Products Section** – Report the value of the products shipped and services performed at the net selling value, free on board (FOB) plant to the customer, after discounts and allowances.

**Include:**

- Products made elsewhere by others from materials supplied by this establishment. Report these products on the specific lines as if they were made in this establishment.
- Products transferred to other establishments within your company. These products should be assigned the full economic value (market value); i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

**Exclude:**

- Wholesaling products (previously **Resales**), which include products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. Report these products in the appropriate Wholesaling products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Products **made from materials owned by others** (i.e. the customer). Report your commission or contract receipts in the appropriate Contract Manufacturing products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Freight charged
- Excise taxes

**Wholesaling Products Section** – Report sales for each product line sold by this establishment. In prior Censuses, these product lines were grouped together in one product code for **Resales**.

**Include:**

- Products bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment.
- Imported products, including products made by your foreign affiliates, which are **sold without further manufacture, processing, or assembly** by this establishment.

**Exclude:**

- Receipts for construction, delivery, installation, and service contracts from the commodity sales. Report these products in the appropriate products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

**Services Section** – Report receipts from providing services to customers or other establishments of your company; services include engineering, maintenance, repair, installation, etc.

Description	Value	Product Code
<b>Manufacturing of:</b>		
1. Creamery butter		
a. Creamery butter, shipped in commercial packages or in bulk	\$ <input type="text"/> ,000.00	2000875003
b. Creamery butter, shipped in consumer packages	\$ <input type="text"/> ,000.00	2000875006
c. Creamery butter, anhydrous milkfat (butteroil)	\$ <input type="text"/> ,000.00	2000875009
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	2000875000
2. Fluid milk and cream, bulk sales (including whole milk, 2% reduced fat, 1% lowfat, skim or fat-free milk, flavored milk, buttermilk, eggnog, etc.)	\$ <input type="text"/> ,000.00	2000800000

3. Cottage cheese (including bakers', pot, and farmers' cheese)	\$ <input type="text"/> ,000.00	2000975000
4. Other fluid milk related products, (including heavy cream, light coffee cream, unflavored sour cream, half and half, and whipped topping with butterfat base), packaged	\$ <input type="text"/> ,000.00	2001200000
5. Canned milk products, including evaporated, condensed, milk-based infants' formula (liquid), whole milk, and other, shipped in consumer-type cans, excluding substitutes	\$ <input type="text"/> ,000.00	2001150000
6. Concentrated milk products, shipped in bulk (barrels, drums, and tanks)		
a. Concentrated milk products, including concentrated whey and buttermilk, shipped in bulk (barrels, drums, and tanks), feed grade	\$ <input type="text"/> ,000.00	2001250003
b. Concentrated milk products, whey (solids), shipped in bulk (barrels, drums, and tanks), food grade (excluding all types of ice cream mixes)	\$ <input type="text"/> ,000.00	2001250006
c. Concentrated milk products, all other types, shipped in bulk (drums, barrels, and tanks), food grade (excluding ice cream and ice cream mixes)	\$ <input type="text"/> ,000.00	2001250009
<b>Subtotal</b>	\$ <input type="text"/> ,000.00	2001250000
7. Dry milk (whole, nonfat, and other), food grade (bakeries, confectioners, meat packers, etc.), shipped in bulk (more than 3 lb)	\$ <input type="text"/> ,000.00	2000700000
8. Dry milk products and mixtures (dry milk, dry buttermilk, dry whey, etc.), feed grade, shipped in bulk (more than 3 lb)	\$ <input type="text"/> ,000.00	2000650000
9. Ice cream, including custards (excluding lowfat and nonfat), shipped in bulk (containers 3 gallons or more)	\$ <input type="text"/> ,000.00	2001025000
10. Ice cream, including custards (excluding lowfat and nonfat), novelty forms	\$ <input type="text"/> ,000.00	2001075000
<b>All other sales, shipments, receipts, or revenue from this establishment</b>		
11. Other food and beverage contract manufacturing services	\$ <input type="text"/> ,000.00	2051560000
12. Wholesaling services for dairy products, except dried, canned, condensed, and evaporated dairy products	\$ <input type="text"/> ,000.00	4000050000
13. Other manufacturing revenue, not elsewhere classified		
a. Other manufacturing revenue, not elsewhere classified - write-in #1		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	2054100003
b. Other manufacturing revenue, not elsewhere classified - write-in #2		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	2054100006
c. Other manufacturing revenue, not elsewhere classified - write-in #3		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	2054100009
14. Other contract manufacturing services, not elsewhere classified		
a. Other contract manufacturing services - write-in #1		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	2054080003
b. Other contract manufacturing services - write-in #2		
Describe <input type="text"/>	\$ <input type="text"/> ,000.00	2054080006

c. Other contract manufacturing services - write-in #3

,000.00 2054080009

15. Wholesaling services for other goods, not elsewhere classified

a. Wholesaling services for other goods, not elsewhere classified - write-in #1

,000.00 4005500003

b. Wholesaling services for other goods, not elsewhere classified - write-in #2

,000.00 4005500006

c. Wholesaling services for other goods, not elsewhere classified - write-in #3

,000.00 4005500009

16. All other products and services, not elsewhere classified

a. All other products and services, not elsewhere classified - write-in #1

,000.00 9000000003

b. All other products and services, not elsewhere classified - write-in #2

,000.00 9000000006

c. All other products and services, not elsewhere classified - write-in #3

,000.00 9000000009

**TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5**   ,000.00 9900000000



**ITEM 26: BUSINESS COOPERATIVE**

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

Item 27: Manufacturing Activities - Manufacturing at This Location

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING AT THIS LOCATION**

In 2017, did this establishment manufacture any products or produce any goods at this location?

- Yes
- No

Item 27: Manufacturing Activities - Manufacturing by Other Company Locations Inside the U.S.

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY OTHER COMPANY LOCATIONS INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any other locations of your company **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY AFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **affiliated** companies **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY UNAFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **unaffiliated** companies **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf **outside the U.S.**?

*Include manufacturing done outside the U.S. by both affiliated and unaffiliated companies.*

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - DESIGN OR SPECIFICATION FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

In 2017, did this establishment determine the design or specifications for any of the products that were manufactured on its behalf?

*"Design or specifications" refers to the function of the product, not just the appearance or its packaging.*

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - PERCENTAGE OF REVENUE FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

What percentage of this establishment's total revenue in 2017 was from the sale of products that were manufactured on its behalf, per this establishment's design or specifications?

*Estimates are acceptable.*

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%



**ITEM 27: MANUFACTURING ACTIVITIES - U.S. COMPANY AS A WHOLE - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, was your **U.S. company as a whole** responsible for the design of any products that were manufactured outside the U.S.?

- Yes
- No

Remarks

**REMARKS**

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.

**DEFINITION OF ESTABLISHMENT**

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

**MAILING ADDRESS**

Please update the mailing address if needed.

ATTN
RECORD_ATTN_TXT

Name 1
RECORD_NAME1

Store/Plant
RECORD_STORE

Name 2
RECORD_NAME2

Number and Street
ADDR_STREET

City, town, village, etc.
ADDR_CITY

State
Select State or Territory

ZIP Code
ADDR_ZIP

**PHYSICAL LOCATION**

Please update the physical location if needed.  
(P.O. Box and rural route addresses are not physical locations.)

Number and Street
PHYSLOC_ADDR_STREET

City, town, village, etc.
PHYSLOC_ADDR_CITY

State
Select State or Territory

ZIP Code
PHYSLOC_A

**For Census Bureau Use Only**

CFN
RECORD_CFN

ELECTRONIC_B
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**LEGAL BOUNDARY AND MUNICIPALITY**

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Item 1: Employer Identification Number

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
<input type="text"/>

**ADDITIONAL REPORTING GUIDELINES**

**GENERAL INSTRUCTIONS**

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

**How to Report Dollar Figures:**

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report  Check if None

2017  
\$ 2036 ,000.00

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report  Check if None

2017  
\$ ,000.00

**How to Report Percents:**

Percents should be **rounded to whole** percents

EXAMPLE: If figure is 38.76% of total sales

Report

2017  
39 %

**ITEM 2A: OWNERSHIP OR CONTROL**

Is your company owned or controlled by another domestic company?

- Yes
- No



**ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION**

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY**

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD**

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

**ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION**

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State  
Select States and Territories

ZIP Code

EIN

**ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION**

Does your company operate in more than one location?

- Yes
- No

Item 2B: Number of Establishments

**ITEM 2B: NUMBER OF ESTABLISHMENTS**

How many establishments operated under EIN at the end of 2017?

2017

**ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY**

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

**ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION**

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State

ZIP Code

Describe kind of business at this location

**For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.**

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll  
 (Jan - March 2017)

2017  
 \$  ,000.00

Annual Payroll

2017  
 \$  ,000.00

Sales, Shipments, Receipts, or Revenue

2017  
 \$  ,000.00



**ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS**

**Consolidating Data for EIN :**

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.

**ITEM 3: OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2017?


- In operation
- Under construction, development, or exploration
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator

Item 3: Operational Status - Ceased Operation Date

**ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE**


When did this establishment cease operation?

MMDDYYYY



**ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION**

When was this establishment sold or leased to another operator?

MMDDYYYY  
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State  
Select States and Territories

ZIP Code

EIN

Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check  
if  
None

2017  
Number

**ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A.** What was the total value of products shipped and other receipts for this establishment?  
(Report detail in **Item 22**.)

**Include:**

- All products physically shipped from this establishment during 2017

**Exclude:**

- Freight charges
- Excise taxes

Check  
if  
None

	2017	
\$	<input type="text"/>	,000.00

**B.** What was the value of products shipped for export?  
(This is a breakout of the \$, 000.00 reported in **Item 5**, line A.)

**Include:**

- Products sold to the U.S. government to be shipped to foreign governments under military and economic assistance programs
- Products shipped to exporters or other wholesalers for export
- Products shipped to foreign subsidiaries or foreign divisions of your company and their affiliates

**Exclude:**

- Products shipped for further manufacture, assembly, or fabrication in the United States
- Freight charges
- Excise taxes
- Overseas sales to the U.S. government
- Shipments of bunker fuels and other supplies and equipment for U.S. vessels and planes engaged in foreign trade

\$	<input type="text"/>	,000.00
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**C.** What was the market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture?  
(This is a breakout of the \$, 000.00 reported in **Item 5**, line A.)

**Include:**

- A reasonable portion of other costs (company overhead)
- A reasonable portion of profits

**Exclude:**

- Products that are shipped to or on order from your company's sales or wholesale offices and sold to customers outside your company

\$	<input type="text"/>	,000.00
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**D.** What percent of the \$,000.00 reported in **Item 5**, line A were for goods that were ordered or whose movement was controlled or coordinated over electronic networks?  
(Report whole percent.)

E-shipments are online orders accepted for manufactured products from customers. These include shipments to other domestic plants of your own company for further manufacture, assembly, or fabrication. The price and terms of sale for these shipments are negotiated over an online system. Payment may or may not be made online.

**Include:**

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

<input type="text"/>	%
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**ITEM 7: EMPLOYMENT AND PAYROLL**

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) listed in **Item 1**
- All persons on paid sick leave, paid holidays, and paid vacation during the year at this establishment

**Exclude:**

- Full-or part-time leased employees whose payroll was filed under an employee leasing company's EIN (Report values in **Item 16**, line D1.)
- Temporary staffing obtained from a staffing service (Report values in **Item 16**, line D1.)
- Purchased professional and technical services (Report values in **Item 16**, line D9.)
- Subcontractors and their employees (Report cost of contract work in **Item 16**, line A3.)
- Fishermen, agricultural employees, members of the Armed Forces, and pensioners carried on your active rolls

**A.** What was the number of **production** workers at this establishment (**direct labor including first-line supervisors**) for the quarterly pay periods:

**Include:**

- Workers engaged in fabricating, processing, assembling, inspecting, receiving, packing, warehousing, shipping (but not delivering), maintenance, repair, janitorial, guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other closely associated services (including truck drivers delivering ready-mixed concrete)

	Check if None	2017 Number
1. March 12 (Q1)?	<input type="checkbox"/>	<input type="text"/>
2. June 12 (Q2)?	<input type="checkbox"/>	<input type="text"/>
3. September 12 (Q3)?	<input type="checkbox"/>	<input type="text"/>
4. December 12 (Q4)?	<input type="checkbox"/>	<input type="text"/>
<b>TOTAL Production</b> workers at this establishment ( <b>direct labor including first-line supervisors</b> ) (Add lines A1 through A4.)	<input type="checkbox"/>	<input type="text"/>
<b>B. Average</b> number of <b>annual production</b> workers at this establishment ( <b>direct labor including first-line supervisors</b> )? (Divide <b>TOTAL Production</b> workers by 4 and round to the nearest whole number.)	<input type="checkbox"/>	<input type="text"/>

**C.** What was the number of all **other (non production)** employees at this establishment for the **first quarter** (January - March 2017)?

**Include:**

- Officers at **this** establishment, if a corporation
- Supervision above line-supervisor level
- Sales employees, including delivery (truck driver and helpers)
- Advertising, clerical, credit, collection, purchasing, finance, legal, executive, and technical employees
- Employees installing and servicing this establishment's products

**Exclude:**

- Proprietors and partners, if an unincorporated concern
- Temporary staff and leased employees (Report values in **Item 16**, line D1.)

	<input type="checkbox"/>	<input type="text"/>
<b>TOTAL</b> (Add lines B and C.)	<input type="checkbox"/>	<input type="text"/>

**D. HOURS WORKED:**

What was the **annual** number of hours worked by the **production** workers at this establishment (**direct**

labor including first-line supervisors) reported in line B?

**Exclude:**

- Hours paid for vacations, holidays, or sick leave unless an employee elects to work during their vacation period. Report only actual hours worked by such employee. Overtime hours should be reported as actual hours worked and not as straight-time equivalent hours.

2017 Hours
<input type="text"/>
,000

**E. PAYROLL**

What was the **annual** payroll at this establishment before deductions for:

**Exclude:**

- Employer-paid annual cost for fringe benefits reported in lines F1 through F3

1. Production workers reported in line B?

2017
\$ <input type="text"/>
,000.00

2. All other employees reported in line C?

\$ <input type="text"/>
,000.00

**TOTAL** (Add lines E1 and E2.)

\$ <input type="text"/>
,000.00

What was the **first quarter** payroll at this establishment before deductions (January - March 2017)?

\$ <input type="text"/>
,000.00

**F. EMPLOYER-PAID ANNUAL COST FOR FRINGE BENEFITS**

*(This is the employer's annual cost at this establishment for legally required programs and programs not required by law. If any of the items here are maintained in your records only at the company level, allocate their costs to the manufacturing establishment. You may distribute the total on the basis of the ratio of the payroll of each manufacturing establishment to the total company payroll unless you have developed your own method of making such allocations. Specify the method used and the approximate portion that has been allocated in the REMARKS section at the end of the instrument.)*

**Include:**

- Premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs)
- Spread on stock options that are taxable to employees at this establishment as wages

**Exclude:**

- Employee contributions
- Disbursements from trusts or funds to satisfy health insurance claims

What were the **employer's annual costs** at this establishment for:

1. **Health Insurance?** - Insurance premiums on hospitals, medical plans, and single-service plans such as dental, vision, and prescription drug plans

\$ <input type="text"/>
,000.00

2. **Retirement Plans?**

**a. Defined benefit pension plans (qualified and nonqualified)** - Plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include employee's compensation and years of service and are not allocated to specific accounts maintained for employees.

\$ <input type="text"/>
,000.00

**b. Defined contribution plans** - Plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity.

**Examples:**

- Profit sharing plans
- Money purchases (e.g., 401k, 403b)
- Stock bonus plans (e.g., ESOPs)

\$ <input type="text"/>
,000.00

3. **Payroll taxes, employer-paid insurance premiums, and other employer-paid benefits?**

**Include:**

- Legally-required fringe benefits (e.g. Social Security, workers compensation insurance, state disability insurance programs, long- and short- term disability, unemployment tax, and Medicare)



- Life insurance benefits
- "Quality of life" benefits (e.g. childcare assistance, adoption assistance, subsidized commuting, long-term care insurance, flexible workplace, employer-provided home PC, etc.)
- Employer contributions to pre-tax benefit accounts (e.g. health savings account)
- Education assistance
- Stock options
- Other benefits not specified above (e.g. job-related travel accident insurance, education assistance, wellness programs, fitness centers, employee assistance programs, etc.)

**Exclude:**

- Disbursements from trusts or funds to satisfy health insurance claims

\$		,000.00
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**4. TOTAL** (Add lines F1 through F3.)

\$		,000.00
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**ITEM 9: VALUE OF INVENTORIES**

Report inventories at cost or market using generally accepted accounting practices, and report all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiple-establishment company, assign to each establishment those inventories that the establishment is responsible for as if it owned them.

What were the value of inventories **owned by this establishment** as of December 31 before Last-In, First-Out (LIFO) adjustment (if any) for:

	Check if None	2017	Check if None	2016
<b>A.</b> Finished goods (final output of this establishment, but still within ownership)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>B.</b> Work-in-process (goods that have been substantially transformed in the manufacturing process, but are not yet the final output of the establishment)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>C.</b> Materials, supplies, fuels, etc. (goods that are raw inputs to the manufacturing process and will be substantially altered to produce this establishment's output)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>TOTAL</b> (Add lines A through C.)	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00

**ITEM 10: INVENTORIES BY VALUATION METHODS**

Of the \$, 000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2017 and the \$,000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2016, how much is subject to the following valuation methods:

**A. Non-LIFO (Last-In, First-Out) valuation methods**

	Check if None	2017	Check if None	2016
1. First-In, First-Out (FIFO)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. Average Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
3. Standard Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
4. Other non-LIFO valuation method(s)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<input type="text" value="Describe"/>				
<b>TOTAL</b> (Add lines A1 through A4.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>B. LIFO Valuation Method</b> (gross LIFO amount)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>TOTAL</b> Non-LIFO and LIFO methods (Add TOTAL of lines A1 through A4 and B.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>C. What is the amount of LIFO reserve</b> (if any)? (If the value of reserve is negative, use "-".)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

**ITEM 11: INVENTORIES OUTSIDE OF THE UNITED STATES**

Of the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2017, and the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2016, what was the value of inventories stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

**Exclude:**

- Inventory held in Foreign Trade Zones or in bonded warehouses in the U.S

For more detailed definitions, please see:

<http://enforcement.trade.gov/ftzpage/info/ftzstart.html>

Check  
if  
None

2017  
\$  ,000.00

Check  
if  
None

2016  
\$  ,000.00

**ITEM 13: ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS**

**Include:**

- Dollar value of assets, capital expenditures, and retirements
- Buildings, structures, and equipment used directly or indirectly by this establishment to produce the goods and services reported in **Item 5**, line A and **Item 22**

	<input type="checkbox"/> Check if None	2017 \$ <input type="text"/> ,000.00
<p><b>A.</b> What was the gross value of depreciable assets (<b>acquisition costs</b>) at the beginning of the year?</p>		
<p><b>B.</b> What were the capital expenditures for new and used depreciable assets in 2017 for:</p>		
<p>1. New and used buildings and other structures?</p>		
<p><b>Exclude:</b></p> <ul style="list-style-type: none"> <li>• The value of land on which structures stand</li> </ul>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p>2. New and used machinery and equipment?</p>		
<p>a. Automobiles, trucks, etc. for highway use?</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p>b. Computers and peripheral data processing equipment?</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p>c. All other expenditures for machinery and equipment?</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p><b>TOTAL</b> (Add lines B1 and B2a through B2c.)</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p><b>C.</b> What was the gross value of depreciable assets sold, retired, scrapped, destroyed, etc.?</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p><b>D.</b> What was the value of depreciable assets at the end of the year? (Add lines A, B1, B2a through B2c and subtract line C.)</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

**ITEM 14: RENTAL PAYMENTS**

**Include:**

- Operating leases

**Exclude:**

- Capital leases (leases with a contract to own at the end of the lease)

At this establishment, what were the payments for:

**A. Rental or lease of buildings and other structures?**

**Include:**

- Job-site trailers
- Land on which the buildings and other structures stand

Check  
if  
None

2017	
\$	,000.00

**B. Rental or lease of machinery and equipment?**

**Include:**

- Production, loading, and transportation machinery and equipment
- Construction equipment
- Tools
- Office equipment
- Furniture
- Vehicles

**Exclude:**

- Computer time-sharing charges for machinery and equipment rentals from computer service companies where the computer is not on site at the establishment

\$	,000.00
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\$	,000.00
----	---------

**TOTAL** (Add lines A and B.)

**ITEM 16: SELECTED EXPENSES**

**A.** For this establishment, what were the production-related costs in 2017 for:

**1.** Materials, parts, containers, packaging, supplies, etc. used for manufacturing processes, repairs, services for others, or other operating supplies? (Report detail in **Item 18**.)

**Include:**

- Cost of production-related materials purchased by this establishment for other companies (contractors).

**Exclude:**

- Non-production-related expenses that were paid to other companies (contractors) by this establishment. (Report these expenses on the next screen in **Item 16**, line D.)

Check if None

**2.** Products bought and sold without further processing? (Report sales in **Item 5**, line A and in Wholesaling Services product codes in **Item 22**.)

**3.** Work done for you by others on your materials (work contracted to others)? (Report on line A1 the cost of production-related materials purchased by this establishment for other companies (contractors).)

**4.** Purchased fuels consumed for heat, power, or the generation of electricity? (Report on line B2 the quantity of electricity generated (Gross less generating station use).)

**5.** Purchased electricity? (Report comparable quantity on line B1.)

**TOTAL** (Add lines A1 through A5.)

2017	
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00

**B.** For this establishment, what was the quantity of:

**1.** Purchased electricity? (Quantity comparable to cost reported in line A5)

**2.** Generated electricity (gross less generating station use)? (Quantity comparable to cost reported in line A4)

**3.** Electricity sold or transferred to other establishments? (Also include quantity on lines B1 and/or B2.)

2017 Kilowatt Hours	
[ ]	,000
[ ]	,000
[ ]	,000

**C.** For this establishment, what were the depreciation/amortization charges for the current year obtained from your income statement? (Include depreciation on all assets reported in **Item 13**.)

2017	
\$	[ ] ,000.00

**ITEM 16: SELECTED EXPENSES**

D. What were the other operating expenses paid by this establishment in 2017 for:

**Include:**

- Expenses normally considered as non-production-related costs purchased from other companies

1. Temporary staff and leased employees? (Professional Employer Organizations and staffing agencies for personnel)

**Include:**

- All charges for payroll, benefits, and services

Check if None

2017	
\$	,000.00

2. Expensed equipment? (Expensed computer hardware and other equipment)

**Include:**

- Copiers
- Fax machines
- Telephones
- Shop and lab equipment
- CPUs
- Monitors

**Exclude:**

- Packaged software (Report on line D3.)
- Leased and rented equipment (Report in **Item 14**, line B.)

\$	,000.00
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3. Expensed purchases of software? (Purchases of prepackaged, custom-coded or vendor-customized software)

**Include:**

- Software developed or customized by others
- Web-design services and purchases
- Licensing agreements
- Upgrades of software
- Maintenance fees related to software upgrades and alterations

\$	,000.00
----	---------

4. Purchased communication services?

**Include:**

- Telephone, cellular, and fax services
- Computer-related communications (e.g., Internet, connectivity, online)
- Other wired and wireless communication services
- Credit card transaction fees

\$	,000.00
----	---------

5. Data processing and other purchased computer services?

**Include:**

- Computer facilities management services
- Computer input preparation
- Data storage
- Computer time rental
- Optical scanning services
- Other computer-related advice and services, including training

**Exclude:**

- Services provided by other establishments of this company (such as a separate central data processing unit)
- Expensed integrated systems (Report in line D4.)
- Repair and maintenance of computer equipment (Report on line D6.)
- Payroll processing and credit card transaction fees (Report payroll processing fees on line D9 and credit card transaction fees on line D4.)
- Expenses for telecommunication services (e.g., Internet, connectivity, telephone) (Report on line D4.)

\$	,000.00
----	---------



6. Purchased repairs and maintenance to buildings and/or machinery and equipment?

**Include:**

- Repairs for painting, roof repairs, replacing parts, over-hauling of equipment, and other repairs chargeable as current operating costs
- Cost of repair and maintenance of any leased property if this establishment assumes the cost

**Exclude:**

- Extensive "repairs" or reconstruction that is capitalized. Report these as a capital expenditures in **Item 13**.
- Costs of materials, parts, and supplies directly incurred by this establishment using its own work force to perform repairs and maintenance

\$  ,000.00

7. Water, sewer, refuse removal, and other non-electric utility payments?

(Report electric utility payments on line A5. If the costs of these utilities are included in a lease or rental payment, report in **Item 14**, line A.)

**Include:**

- Cost of hazardous waste removal or treatment

**Exclude:**

- Cost of refuse removal services if included in rental payments
- Machinery or equipment reported as a capital expenditure in **Item 13**
- Cost of salaries paid to employees of this establishment whose work involves refuse removal and/or hazardous waste removal or treatment

\$  ,000.00

8. Purchased advertising and promotional services?

**Include:**

- Marketing and public relations services

**Exclude:**

- Salaries paid to employees of this establishment for advertising work

\$  ,000.00

9. Purchased professional and technical services?

**Include:**

- Management consulting
- Accounting
- Auditing
- Bookkeeping
- Legal
- Actuarial
- Payroll processing
- Architectural
- Engineering
- Other professional services (i.e. janitorial, security, or landscape services)

**Exclude:**

- Salaries paid to your own employees for these services (Report in **Item 7**.)

\$  ,000.00

10. Governmental taxes and licensing fees? (Payments to government agencies for taxes and licenses)

**Include:**

- Business and property taxes

**Exclude:**

- Income taxes

\$  ,000.00

11. All other operating expenses not reported elsewhere?

**Exclude:**

- Purchases of merchandise for resale
- Non-operating expenses

Describe

\$  ,000.00

TOTAL (Add lines 1 through 11.)

\$

,000.00

**ITEM 17A: PRINCIPAL BUSINESS OR ACTIVITY**

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?  
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.  
**Select only ONE.**

- 311811 001  Retail Bakeries
- 311812 001  Commercial Bakeries
- 311821 001  Cookie and Cracker Manufacturing
- 445291 002  Baked Goods Stores
- 311991 001  Perishable Prepared Food Manufacturing
- 445110 005  Supermarkets and Other Grocery (except Convenience) Stores
- 722511 008  Full-Service Restaurants
- 722513 00B  Limited-Service Restaurants
- 722320 005  Caterers
- 773000 001  Other principal business or activity - Describe

Describe

**ITEM 17B: TYPE OF OPERATION**

Which ONE of the following best describes the operation performed at this establishment during 2017?

**Selling bakery type products (donuts, pastries, cookies, pretzels, bagels, etc.)**

**Made on the premises for immediate consumption (to be eaten at establishment)**

- 427  Without seating
- 429  With seating - customer pays for items before consumption
- 428  With seating - customer pays for items after consumption

**Made on the premises but not intended for immediate consumption (carry out)**

- 592  Made from scratch (flour and other ingredients mixed on the premises)
- 593  Made from dough prepared elsewhere
- 594  **Not** made on the premises

**ITEM 18: DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES**

Of the \$,000.00 of materials, parts, and supplies in 2017, reported on Item 16, line A1, how much was for the following specified materials?

**General** - The sum of the costs of the itemized materials in this section should equal the figure reported on **Item 16**, line A1 (*Cost of materials, parts, containers, packaging, etc. used*). The following is a breakout of the \$,000.00 currently reported there. The materials, parts, and supplies listed below are commonly consumed in the manufacture, processing, or assembly of the products listed in **Item 22**.

- Please review the entire list and report separately each item consumed.
- Leave a material blank if you did not consume the item.
- Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.
- If the information as requested cannot be taken directly from your book records, **reasonable estimates are acceptable**.

**Valuation of Materials Consumed** - The value of the materials, parts, and supplies consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts, and including freight and other direct charges incurred in acquiring the materials.

- Materials transferred from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).
- If purchases or transfers do not differ significantly from the amounts actually consumed, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory, reported on **Item 9**.

**Contract Manufacturing** - The value of materials used for products produced under contract by other companies.

**Include:**

- Materials purchased by this establishment to be consumed by companies that are manufacturing products for this establishment under contract.

**Exclude:**

- Amounts paid to companies that are manufacturing products for this establishment under contract. Report these amounts on **Item 16**, line A3 (*Cost of work done for you by others on your materials*).
- Materials owned by other companies but used by this establishment to make products under contract or for a commission.

**Wholesaling Activities (previously Resales)** - The costs of imported or domestic products bought and sold or transferred from other establishments of your company and sold without further manufacture, processing, or assembly **should not be reported here**.

- The cost of these wholesale products should be reported on **Item 16**, line A2 (*Cost of products bought and sold without further processing*).
- The value of these wholesale products shipped by this establishment should be reported in **Item 22** on the line appropriate for the type of Wholesaling activity being reported.

Description	Census Material Code	Value
1. Wheat flour and all other flour (excluding corn), and all other grain mill products (excluding corn), including germ, bran, etc.	31121100	\$ <input type="text"/> ,000.00
2. Dough and flour mixes	31182400	\$ <input type="text"/> ,000.00
3. Fats and oils, all types	31122010	\$ <input type="text"/> ,000.00
4. Wet corn milling products, including corn sweeteners, corn flour, corn meal and feed, and starch	31122100	\$ <input type="text"/> ,000.00
5. Beet and cane sugar	31131000	\$ <input type="text"/> ,000.00
6. Honey	11291000	\$ <input type="text"/> ,000.00
7. Miscellaneous food products, including baking powder and yeast; dried, frozen, or liquid eggs; and flavoring powders, tablets, and paste	31199900	\$ <input type="text"/> ,000.00
8. Dried and dehydrated foods, including soup mixes and dried fruits and vegetables	31142301	\$ <input type="text"/> ,000.00
9. Chocolate confectionery products, including chocolate coatings; sweetened and unsweetened chocolate and cocoa powder; and cocoa butter, liquor, and syrup	31135100	\$ <input type="text"/> ,000.00
10. Aluminum and aluminum-base alloy sheet, plate, foil (including packaging products), and welded tubing	33131501	\$ <input type="text"/> ,000.00
11. Plastics products (including packaging, foam products, film, sheet, rod, tube, fabricated shapes, bottles, etc.), excluding containers, hoses, belting, and gaskets	32610001	\$ <input type="text"/> ,000.00
12. Paper and paperboard products	32200000	\$ <input type="text"/> ,000.00

13. Cost of all other materials and components, parts, containers, and supplies consumed

00970099

\$  ,000.00

**TOTAL**

77100000

\$  ,000.00

**ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUE**

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?  
**Select ALL that apply.**

**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

The manufactured products and services listed below are generally made in your industry. Select the items that apply to your establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

**Manufacturing of Products Section** – Includes products shipped and services performed

**Include:**

- Products made elsewhere by others from materials supplied by this establishment.
- Products transferred to other establishments within your company.

**Exclude:**

- Wholesaling products (previously **Resales**) - Products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.
- Products **made from materials owned by others** (i.e. the customer). If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

**Wholesaling Products Section** – Includes product lines sold by this establishment. These product lines were previously grouped together in one product code - **Resales**.

**Include:**

- Products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment.
- Imported products, including products made by your foreign affiliates, which are **sold without further manufacture, processing, or assembly** by this establishment.

**Exclude:**

- Receipts for construction, delivery, installation, and service contracts from the commodity sales.

**Manufacturing of:**

1. Bread (white, wheat, rye, etc.) and rolls, bread-type (including English muffins, bagels, and croissants), including frozen	<input type="checkbox"/>	2001375000
a. White pan bread	<input type="checkbox"/>	2001375003
b. White hearth bread (French, Italian, etc.)	<input type="checkbox"/>	2001375006
c. Dark wheat breads (whole wheat, cracked wheat, multigrain, etc.)	<input type="checkbox"/>	2001375009
d. Other variety breads (rye, unleavened)	<input type="checkbox"/>	2001375012
e. Rolls, hamburger and wiener	<input type="checkbox"/>	2001375015
f. All other rolls, bread-type (including muffins, bagels, and croissants)	<input type="checkbox"/>	2001375018
2. Soft cakes (snack, fruit, pound, layer, cheese, etc.), excluding frozen	<input type="checkbox"/>	2001400000
3. Pies (fruit, cream, and custard), excluding frozen	<input type="checkbox"/>	2001425000
4. Other sweet goods (doughnuts, pastries, coffee cakes, etc.), excluding cookies and frozen sweets	<input type="checkbox"/>	2001450000
5. Frozen cakes, pies, and other pastries	<input type="checkbox"/>	2001475000

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6. Cookies, wafers, and ice cream cones and cups (excluding frozen)



2001575000

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**All other sales, shipments, receipts, or revenue from this establishment**

7. Wholesaling services for packaged frozen food



4000025000

8. Wholesaling services for cookies, bread, and baked goods



4000125000



Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

If quantities are requested, please use the unit of measure specified.

Below are the products and services you previously selected. If you make products or have revenue from sources not listed, describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

**Manufacturing of Products Section** – Report the value of the products shipped and services performed at the net selling value, free on board (FOB) plant to the customer, after discounts and allowances.

**Include:**

- Products made elsewhere by others from materials supplied by this establishment. Report these products on the specific lines as if they were made in this establishment.
- Products transferred to other establishments within your company. These products should be assigned the full economic value (market value); i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

**Exclude:**

- Wholesaling products (previously **Resales**), which include products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. Report these products in the appropriate Wholesaling products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Products **made from materials owned by others** (i.e. the customer). Report your commission or contract receipts in the appropriate Contract Manufacturing products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Freight charged
- Excise taxes

**Wholesaling Products Section** – Report sales for each product line sold by this establishment. In prior Censuses, these product lines were grouped together in one product code for **Resales**.

**Include:**

- Products bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment.
- Imported products, including products made by your foreign affiliates, which are **sold without further manufacture, processing, or assembly** by this establishment.

**Exclude:**

- Receipts for construction, delivery, installation, and service contracts from the commodity sales. Report these products in the appropriate products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

Description	Value	Product Code
<b>Manufacturing of:</b>		
1. Bread (white, wheat, rye, etc.) and rolls, bread-type (including English muffins, bagels, and croissants), including frozen		
a. White pan bread	\$ <input type="text"/> ,000.00	2001375003
b. White hearth bread (French, Italian, etc.)	\$ <input type="text"/> ,000.00	2001375006
c. Dark wheat breads (whole wheat, cracked wheat, multigrain, etc.)	\$ <input type="text"/> ,000.00	2001375009
d. Other variety breads (rye, unleavened)	\$ <input type="text"/> ,000.00	2001375012
e. Rolls, hamburger and wiener	\$ <input type="text"/> ,000.00	2001375015
f. All other rolls, bread-type (including muffins, bagels, and croissants)	\$ <input type="text"/> ,000.00	2001375018

<b>Subtotal</b>	\$		,000.00	2001375000	
2. Soft cakes (snack, fruit, pound, layer, cheese, etc.), excluding frozen	\$		,000.00	2001400000	
3. Pies (fruit, cream, and custard), excluding frozen	\$		,000.00	2001425000	
4. Other sweet goods (doughnuts, pastries, coffee cakes, etc.), excluding cookies and frozen sweets	\$		,000.00	2001450000	
5. Frozen cakes, pies, and other pastries	\$		,000.00	2001475000	
6. Cookies, wafers, and ice cream cones and cups (excluding frozen)	\$		,000.00	2001575000	
<b>All other sales, shipments, receipts, or revenue from this establishment</b>					
7. Wholesaling services for packaged frozen food	\$		,000.00	4000025000	
8. Wholesaling services for cookies, bread, and baked goods	\$		,000.00	4000125000	
9. Other manufacturing revenue, not elsewhere classified					
a. Other manufacturing revenue, not elsewhere classified - write-in #1					
Describe	\$		,000.00	2054100003	
b. Other manufacturing revenue, not elsewhere classified - write-in #2					
Describe	\$		,000.00	2054100006	
c. Other manufacturing revenue, not elsewhere classified - write-in #3					
Describe	\$		,000.00	2054100009	
10. Other contract manufacturing services, not elsewhere classified					
a. Other contract manufacturing services - write-in #1					
Describe	\$		,000.00	2054080003	
b. Other contract manufacturing services - write-in #2					
Describe	\$		,000.00	2054080006	
c. Other contract manufacturing services - write-in #3					
Describe	\$		,000.00	2054080009	
11. Wholesaling services for other goods, not elsewhere classified					
a. Wholesaling services for other goods, not elsewhere classified - write-in #1					
Describe	\$		,000.00	4005500003	
b. Wholesaling services for other goods, not elsewhere classified - write-in #2					
Describe	\$		,000.00	4005500006	
c. Wholesaling services for other goods, not elsewhere classified - write-in #3					
Describe	\$		,000.00	4005500009	
12. All other products and services, not elsewhere classified					
a. All other products and services, not elsewhere classified - write-in #1					
Pick one	Describe	\$		,000.00	9000000003

b. All other products and services, not elsewhere classified - write-in #2

<input type="text" value="Pick one"/>	<input type="text" value="Describe"/>	\$	<input type="text"/>	,000.00	9000000006
---------------------------------------	---------------------------------------	----	----------------------	---------	------------

c. All other products and services, not elsewhere classified - write-in #3

<input type="text" value="Pick one"/>	<input type="text" value="Describe"/>	\$	<input type="text"/>	,000.00	9000000009
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<b>TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5</b>	\$	<input type="text"/>	,000.00	9900000000
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**ITEM 25: FRANCHISE**

**A.** Was this establishment operating under any trademark(s) or brand name(s) authorized by a franchisor in 2017?

- Yes - franchisee-owned establishment
- Yes - franchisor-owned establishment
- No

**B.** If yes, what was the trademark(s) or brand name(s) operated under?

Describe

**ITEM 26: BUSINESS COOPERATIVE**

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

Item 27: Manufacturing Activities - Manufacturing at This Location

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING AT THIS LOCATION**

In 2017, did this establishment manufacture any products or produce any goods at this location?

- Yes
- No

Item 27: Manufacturing Activities - Manufacturing by Other Company Locations Inside the U.S.

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY OTHER COMPANY LOCATIONS INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any other locations of your company **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY AFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **affiliated** companies **inside the U.S.**?

- Yes
- No



**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY UNAFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **unaffiliated** companies **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf **outside the U.S.**?

*Include manufacturing done outside the U.S. by both affiliated and unaffiliated companies.*

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - DESIGN OR SPECIFICATION FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

In 2017, did this establishment determine the design or specifications for any of the products that were manufactured on its behalf?

*"Design or specifications" refers to the function of the product, not just the appearance or its packaging.*

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - PERCENTAGE OF REVENUE FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

What percentage of this establishment's total revenue in 2017 was from the sale of products that were manufactured on its behalf, per this establishment's design or specifications?

*Estimates are acceptable.*

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

**ITEM 27: MANUFACTURING ACTIVITIES - U.S. COMPANY AS A WHOLE - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, was your **U.S. company as a whole** responsible for the design of any products that were manufactured outside the U.S.?

- Yes
- No

Remarks

**REMARKS**

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.

**DEFINITION OF ESTABLISHMENT**

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

**MAILING ADDRESS**

Please update the mailing address if needed.

ATTN
RECORD_ATTN_TXT

Name 1
RECORD_NAME1

Store/Plant
RECORD_STORE

Name 2
RECORD_NAME2

Number and Street
ADDR_STREET

City, town, village, etc.
ADDR_CITY

State
Select State or Territory

ZIP Code
ADDR_ZIP

**PHYSICAL LOCATION**

Please update the physical location if needed.  
(P.O. Box and rural route addresses are not physical locations.)

Number and Street
PHYSLOC_ADDR_STREET

City, town, village, etc.
PHYSLOC_ADDR_CITY

State
Select State or Territory

ZIP Code
PHYSLOC_A

**For Census Bureau Use Only**

CFN
RECORD_CFN

ELECTRONIC_B
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**LEGAL BOUNDARY AND MUNICIPALITY**

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know



Item 1: Employer Identification Number

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
<input type="text"/>

**ADDITIONAL REPORTING GUIDELINES**

**GENERAL INSTRUCTIONS**

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

**How to Report Dollar Figures:**

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report	Check if None	2017
	<input type="checkbox"/>	\$ 2036 ,000.00

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report	Check if None	2017
	<input checked="" type="checkbox"/>	\$ ,000.00

**How to Report Percents:**

Percents should be **rounded to whole** percents

EXAMPLE: If figure is 38.76% of total sales

Report	2017
	39 %

**ITEM 2A: OWNERSHIP OR CONTROL**

Is your company owned or controlled by another domestic company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION**

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY**

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD**

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

**ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION**

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State  
Select States and Territories

ZIP Code

EIN



**ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION**

Does your company operate in more than one location?

- Yes
- No

Item 2B: Number of Establishments

**ITEM 2B: NUMBER OF ESTABLISHMENTS**

How many establishments operated under EIN at the end of 2017?

2017

**ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY**

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

**ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION**

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State

ZIP Code

Describe kind of business at this location

**For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.**

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll  
 (Jan - March 2017)

2017  
 \$  ,000.00

Annual Payroll

2017  
 \$  ,000.00

Sales, Shipments, Receipts, or Revenue

2017  
 \$  ,000.00

**ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS**

**Consolidating Data for EIN :**

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.

**ITEM 3: OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2017?


- In operation
- Under construction, development, or exploration
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator

Item 3: Operational Status - Ceased Operation Date

**ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE**


When did this establishment cease operation?

MMDDYYYY



**ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION**

When was this establishment sold or leased to another operator?

MMDDYYYY  
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State  
Select States and Territories

ZIP Code

EIN



Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check  
if  
None

2017  
Number

**ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A.** What was the total value of products shipped and other receipts for this establishment?  
(Report detail in **Item 22**.)

**Include:**

- All products physically shipped from this establishment during 2017

**Exclude:**

- Freight charges
- Excise taxes

Check  
if  
None

	2017	
\$	<input type="text"/>	,000.00

**B.** What was the value of products shipped for export?  
(This is a breakout of the \$, 000.00 reported in **Item 5**, line A.)

**Include:**

- Products sold to the U.S. government to be shipped to foreign governments under military and economic assistance programs
- Products shipped to exporters or other wholesalers for export
- Products shipped to foreign subsidiaries or foreign divisions of your company and their affiliates

**Exclude:**

- Products shipped for further manufacture, assembly, or fabrication in the United States
- Freight charges
- Excise taxes
- Overseas sales to the U.S. government
- Shipments of bunker fuels and other supplies and equipment for U.S. vessels and planes engaged in foreign trade

\$	<input type="text"/>	,000.00
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**C.** What was the market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture?  
(This is a breakout of the \$, 000.00 reported in **Item 5**, line A.)

**Include:**

- A reasonable portion of other costs (company overhead)
- A reasonable portion of profits

**Exclude:**

- Products that are shipped to or on order from your company's sales or wholesale offices and sold to customers outside your company

\$	<input type="text"/>	,000.00
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**D.** What percent of the \$,000.00 reported in **Item 5**, line A were for goods that were ordered or whose movement was controlled or coordinated over electronic networks?  
(Report whole percent.)

E-shipments are online orders accepted for manufactured products from customers. These include shipments to other domestic plants of your own company for further manufacture, assembly, or fabrication. The price and terms of sale for these shipments are negotiated over an online system. Payment may or may not be made online.

**Include:**

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

<input type="text"/>	%
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**ITEM 7: EMPLOYMENT AND PAYROLL**

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) listed in **Item 1**
- All persons on paid sick leave, paid holidays, and paid vacation during the year at this establishment

**Exclude:**

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN (Report values in **Item 16**, line D1.)
- Temporary staffing obtained from a staffing service (Report values in **Item 16**, line D1.)
- Purchased professional and technical services (Report values in **Item 16**, line D9.)
- Subcontractors and their employees (Report cost of contract work in **Item 16**, line A3.)
- Fishermen, agricultural employees, members of the Armed Forces, and pensioners carried on your active rolls

**A.** What was the number of **production** workers at this establishment (**direct labor including first-line supervisors**) for the quarterly pay periods:

**Include:**

- Workers engaged in fabricating, processing, assembling, inspecting, receiving, packing, warehousing, shipping (but not delivering), maintenance, repair, janitorial, guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other closely associated services (including truck drivers delivering ready-mixed concrete)

	Check if None	2017 Number
1. March 12 (Q1)?	<input type="checkbox"/>	<input type="text"/>
2. June 12 (Q2)?	<input type="checkbox"/>	<input type="text"/>
3. September 12 (Q3)?	<input type="checkbox"/>	<input type="text"/>
4. December 12 (Q4)?	<input type="checkbox"/>	<input type="text"/>
<b>TOTAL Production</b> workers at this establishment ( <b>direct labor including first-line supervisors</b> ) (Add lines A1 through A4.)	<input type="checkbox"/>	<input type="text"/>
<b>B. Average</b> number of <b>annual production</b> workers at this establishment ( <b>direct labor including first-line supervisors</b> )? (Divide <b>TOTAL Production</b> workers by 4 and round to the nearest whole number.)	<input type="checkbox"/>	<input type="text"/>

**C.** What was the number of all **other (non production)** employees at this establishment for the **first quarter** (January - March 2017)?

**Include:**

- Officers at **this** establishment, if a corporation
- Supervision above line-supervisor level
- Sales employees, including delivery (truck driver and helpers)
- Advertising, clerical, credit, collection, purchasing, finance, legal, executive, and technical employees
- Employees installing and servicing this establishment's products

**Exclude:**

- Proprietors and partners, if an unincorporated concern
- Temporary staff and leased employees (Report values in **Item 16**, line D1.)

	<input type="checkbox"/>	<input type="text"/>
<b>TOTAL</b> (Add lines B and C.)	<input type="checkbox"/>	<input type="text"/>

**D. HOURS WORKED:**

What was the **annual** number of hours worked by the **production** workers at this establishment (**direct**

labor including first-line supervisors) reported in line B?

**Exclude:**

- Hours paid for vacations, holidays, or sick leave unless an employee elects to work during their vacation period. Report only actual hours worked by such employee. Overtime hours should be reported as actual hours worked and not as straight-time equivalent hours.

2017 Hours
<input type="text"/>
,000

**E. PAYROLL**

What was the **annual** payroll at this establishment before deductions for:

**Exclude:**

- Employer-paid annual cost for fringe benefits reported in lines F1 through F3

1. Production workers reported in line B?

2017
\$ <input type="text"/>
,000.00

2. All other employees reported in line C?

\$ <input type="text"/>
,000.00

**TOTAL** (Add lines E1 and E2.)

\$ <input type="text"/>
,000.00

What was the **first quarter** payroll at this establishment before deductions (January - March 2017)?

\$ <input type="text"/>
,000.00

**F. EMPLOYER-PAID ANNUAL COST FOR FRINGE BENEFITS**

*(This is the employer's annual cost at this establishment for legally required programs and programs not required by law. If any of the items here are maintained in your records only at the company level, allocate their costs to the manufacturing establishment. You may distribute the total on the basis of the ratio of the payroll of each manufacturing establishment to the total company payroll unless you have developed your own method of making such allocations. Specify the method used and the approximate portion that has been allocated in the REMARKS section at the end of the instrument.)*

**Include:**

- Premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs)
- Spread on stock options that are taxable to employees at this establishment as wages

**Exclude:**

- Employee contributions
- Disbursements from trusts or funds to satisfy health insurance claims

What were the **employer's annual costs** at this establishment for:

1. **Health Insurance?** - Insurance premiums on hospitals, medical plans, and single-service plans such as dental, vision, and prescription drug plans

\$ <input type="text"/>
,000.00

2. **Retirement Plans?**

**a. Defined benefit pension plans (qualified and nonqualified)** - Plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include employee's compensation and years of service and are not allocated to specific accounts maintained for employees.

\$ <input type="text"/>
,000.00

**b. Defined contribution plans** - Plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity.

**Examples:**

- Profit sharing plans
- Money purchases (e.g., 401k, 403b)
- Stock bonus plans (e.g., ESOPs)

\$ <input type="text"/>
,000.00

3. **Payroll taxes, employer-paid insurance premiums, and other employer-paid benefits?**

**Include:**

- Legally-required fringe benefits (e.g. Social Security, workers compensation insurance, state disability insurance programs, long- and short- term disability, unemployment tax, and Medicare)

- Life insurance benefits
- "Quality of life" benefits (e.g. childcare assistance, adoption assistance, subsidized commuting, long-term care insurance, flexible workplace, employer-provided home PC, etc.)
- Employer contributions to pre-tax benefit accounts (e.g. health savings account)
- Education assistance
- Stock options
- Other benefits not specified above (e.g. job-related travel accident insurance, education assistance, wellness programs, fitness centers, employee assistance programs, etc.)

**Exclude:**

- Disbursements from trusts or funds to satisfy health insurance claims

\$		,000.00
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**4. TOTAL** (Add lines F1 through F3.)

\$		,000.00
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**ITEM 9: VALUE OF INVENTORIES**

Report inventories at cost or market using generally accepted accounting practices, and report all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiple-establishment company, assign to each establishment those inventories that the establishment is responsible for as if it owned them.

What were the value of inventories **owned by this establishment** as of December 31 before Last-In, First-Out (LIFO) adjustment (if any) for:

	Check if None	2017	Check if None	2016
<b>A.</b> Finished goods (final output of this establishment, but still within ownership)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>B.</b> Work-in-process (goods that have been substantially transformed in the manufacturing process, but are not yet the final output of the establishment)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>C.</b> Materials, supplies, fuels, etc. (goods that are raw inputs to the manufacturing process and will be substantially altered to produce this establishment's output)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>TOTAL</b> (Add lines A through C.)	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00

**ITEM 10: INVENTORIES BY VALUATION METHODS**

Of the \$, 000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2017 and the \$,000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2016, how much is subject to the following valuation methods:

**A. Non-LIFO (Last-In, First-Out) valuation methods**

	Check if None	2017	Check if None	2016
1. First-In, First-Out (FIFO)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. Average Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
3. Standard Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
4. Other non-LIFO valuation method(s)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<input type="text" value="Describe"/>				
<b>TOTAL</b> (Add lines A1 through A4.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>B. LIFO Valuation Method</b> (gross LIFO amount)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>TOTAL</b> Non-LIFO and LIFO methods (Add TOTAL of lines A1 through A4 and B.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>C. What is the amount of LIFO reserve</b> (if any)? (If the value of reserve is negative, use "-".)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

**ITEM 11: INVENTORIES OUTSIDE OF THE UNITED STATES**

Of the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2017, and the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2016, what was the value of inventories stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

**Exclude:**

- Inventory held in Foreign Trade Zones or in bonded warehouses in the U.S

For more detailed definitions, please see:

<http://enforcement.trade.gov/ftzpage/info/ftzstart.html>

Check  
if  
None

2017  
\$  ,000.00

Check  
if  
None

2016  
\$  ,000.00



**ITEM 13: ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS**

**Include:**

- Dollar value of assets, capital expenditures, and retirements
- Buildings, structures, and equipment used directly or indirectly by this establishment to produce the goods and services reported in **Item 5**, line A and **Item 22**

	<input type="checkbox"/> Check if None	2017 \$ <input type="text"/> ,000.00
<p><b>A.</b> What was the gross value of depreciable assets (<b>acquisition costs</b>) at the beginning of the year?</p>		
<p><b>B.</b> What were the capital expenditures for new and used depreciable assets in 2017 for:</p>		
<p>1. New and used buildings and other structures?</p>		
<p><b>Exclude:</b></p> <ul style="list-style-type: none"> <li>• The value of land on which structures stand</li> </ul>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p>2. New and used machinery and equipment?</p>		
<p>a. Automobiles, trucks, etc. for highway use?</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p>b. Computers and peripheral data processing equipment?</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p>c. All other expenditures for machinery and equipment?</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p><b>TOTAL</b> (Add lines B1 and B2a through B2c.)</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p><b>C.</b> What was the gross value of depreciable assets sold, retired, scrapped, destroyed, etc.?</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<p><b>D.</b> What was the value of depreciable assets at the end of the year? (Add lines A, B1, B2a through B2c and subtract line C.)</p>		
	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

**ITEM 14: RENTAL PAYMENTS**

**Include:**

- Operating leases

**Exclude:**

- Capital leases (leases with a contract to own at the end of the lease)

At this establishment, what were the payments for:

**A. Rental or lease of buildings and other structures?**

**Include:**

- Job-site trailers
- Land on which the buildings and other structures stand

Check if None

2017	
\$	,000.00

**B. Rental or lease of machinery and equipment?**

**Include:**

- Production, loading, and transportation machinery and equipment
- Construction equipment
- Tools
- Office equipment
- Furniture
- Vehicles

**Exclude:**

- Computer time-sharing charges for machinery and equipment rentals from computer service companies where the computer is not on site at the establishment

\$	,000.00
----	---------

\$	,000.00
----	---------

**TOTAL** (Add lines A and B.)

**ITEM 16: SELECTED EXPENSES**

**A.** For this establishment, what were the production-related costs in 2017 for:

**1.** Materials, parts, containers, packaging, supplies, etc. used for manufacturing processes, repairs, services for others, or other operating supplies? (Report detail in **Item 18**.)

**Include:**

- Cost of production-related materials purchased by this establishment for other companies (contractors).

**Exclude:**

- Non-production-related expenses that were paid to other companies (contractors) by this establishment. (Report these expenses on the next screen in **Item 16**, line D.)

Check if None

**2.** Products bought and sold without further processing? (Report sales in **Item 5**, line A and in Wholesaling Services product codes in **Item 22**.)

**3.** Work done for you by others on your materials (work contracted to others)? (Report on line A1 the cost of production-related materials purchased by this establishment for other companies (contractors).)

**4.** Purchased fuels consumed for heat, power, or the generation of electricity? (Report on line B2 the quantity of electricity generated (Gross less generating station use).)

**5.** Purchased electricity? (Report comparable quantity on line B1.)

**TOTAL** (Add lines A1 through A5.)

2017	
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00
\$	[ ] ,000.00

**B.** For this establishment, what was the quantity of:

**1.** Purchased electricity? (Quantity comparable to cost reported in line A5)

**2.** Generated electricity (gross less generating station use)? (Quantity comparable to cost reported in line A4)

**3.** Electricity sold or transferred to other establishments? (Also include quantity on lines B1 and/or B2.)

2017 Kilowatt Hours	
[ ]	,000
[ ]	,000
[ ]	,000

**C.** For this establishment, what were the depreciation/amortization charges for the current year obtained from your income statement? (Include depreciation on all assets reported in **Item 13**.)

2017	
\$	[ ] ,000.00

**ITEM 16: SELECTED EXPENSES**

D. What were the other operating expenses paid by this establishment in 2017 for:

**Include:**

- Expenses normally considered as non-production-related costs purchased from other companies

1. Temporary staff and leased employees? (Professional Employer Organizations and staffing agencies for personnel)

**Include:**

- All charges for payroll, benefits, and services

Check if None

2017	
\$	,000.00

2. Expensed equipment? (Expensed computer hardware and other equipment)

**Include:**

- Copiers
- Fax machines
- Telephones
- Shop and lab equipment
- CPUs
- Monitors

**Exclude:**

- Packaged software (Report on line D3.)
- Leased and rented equipment (Report in **Item 14**, line B.)

\$	,000.00
----	---------

3. Expensed purchases of software? (Purchases of prepackaged, custom-coded or vendor-customized software)

**Include:**

- Software developed or customized by others
- Web-design services and purchases
- Licensing agreements
- Upgrades of software
- Maintenance fees related to software upgrades and alterations

\$	,000.00
----	---------

4. Purchased communication services?

**Include:**

- Telephone, cellular, and fax services
- Computer-related communications (e.g., Internet, connectivity, online)
- Other wired and wireless communication services
- Credit card transaction fees

\$	,000.00
----	---------

5. Data processing and other purchased computer services?

**Include:**

- Computer facilities management services
- Computer input preparation
- Data storage
- Computer time rental
- Optical scanning services
- Other computer-related advice and services, including training

**Exclude:**

- Services provided by other establishments of this company (such as a separate central data processing unit)
- Expensed integrated systems (Report in line D4.)
- Repair and maintenance of computer equipment (Report on line D6.)
- Payroll processing and credit card transaction fees (Report payroll processing fees on line D9 and credit card transaction fees on line D4.)
- Expenses for telecommunication services (e.g., Internet, connectivity, telephone) (Report on line D4.)

\$	,000.00
----	---------

6. Purchased repairs and maintenance to buildings and/or machinery and equipment?

**Include:**

- Repairs for painting, roof repairs, replacing parts, over-hauling of equipment, and other repairs chargeable as current operating costs
- Cost of repair and maintenance of any leased property if this establishment assumes the cost

**Exclude:**

- Extensive "repairs" or reconstruction that is capitalized. Report these as a capital expenditures in **Item 13**.
- Costs of materials, parts, and supplies directly incurred by this establishment using its own work force to perform repairs and maintenance

\$  ,000.00

7. Water, sewer, refuse removal, and other non-electric utility payments?

(Report electric utility payments on line A5. If the costs of these utilities are included in a lease or rental payment, report in **Item 14**, line A.)

**Include:**

- Cost of hazardous waste removal or treatment

**Exclude:**

- Cost of refuse removal services if included in rental payments
- Machinery or equipment reported as a capital expenditure in **Item 13**
- Cost of salaries paid to employees of this establishment whose work involves refuse removal and/or hazardous waste removal or treatment

\$  ,000.00

8. Purchased advertising and promotional services?

**Include:**

- Marketing and public relations services

**Exclude:**

- Salaries paid to employees of this establishment for advertising work

\$  ,000.00

9. Purchased professional and technical services?

**Include:**

- Management consulting
- Accounting
- Auditing
- Bookkeeping
- Legal
- Actuarial
- Payroll processing
- Architectural
- Engineering
- Other professional services (i.e. janitorial, security, or landscape services)

**Exclude:**

- Salaries paid to your own employees for these services (Report in **Item 7**.)

\$  ,000.00

10. Governmental taxes and licensing fees? (Payments to government agencies for taxes and licenses)

**Include:**

- Business and property taxes

**Exclude:**

- Income taxes

\$  ,000.00

11. All other operating expenses not reported elsewhere?

**Exclude:**

- Purchases of merchandise for resale
- Non-operating expenses

Describe

\$  ,000.00

TOTAL (Add lines 1 through 11.)

\$

,000.00

**ITEM 17A: PRINCIPAL BUSINESS OR ACTIVITY**

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?  
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

**Select only ONE.**

331511 001  Iron Foundries

331512 001  Steel Investment Foundries

331513 001  Steel Foundries (except Investment)

331523 001  Nonferrous Metal Die-Casting Foundries

331524 001  Aluminum Foundries (except Die-Casting)

331529 001  Other Nonferrous Metal Foundries (except Die-Casting)

773000 001  Other principal business or activity - Describe

Describe

**ITEM 18: DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES**

Of the \$,000.00 of materials, parts, and supplies in 2017, reported on Item 16, line A1, how much was for the following specified materials?

**General** - The sum of the costs of the itemized materials in this section should equal the figure reported on **Item 16**, line A1 (*Cost of materials, parts, containers, packaging, etc. used*). The following is a breakout of the \$,000.00 currently reported there. The materials, parts, and supplies listed below are commonly consumed in the manufacture, processing, or assembly of the products listed in **Item 22**.

- Please review the entire list and report separately each item consumed.
- Leave a material blank if you did not consume the item.
- Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.
- If the information as requested cannot be taken directly from your book records, **reasonable estimates are acceptable**.

**Valuation of Materials Consumed** - The value of the materials, parts, and supplies consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts, and including freight and other direct charges incurred in acquiring the materials.

- Materials transferred from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).
- If purchases or transfers do not differ significantly from the amounts actually consumed, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory, reported on **Item 9**.

**Contract Manufacturing** - The value of materials used for products produced under contract by other companies.

**Include:**

- Materials purchased by this establishment to be consumed by companies that are manufacturing products for this establishment under contract.

**Exclude:**

- Amounts paid to companies that are manufacturing products for this establishment under contract. Report these amounts on **Item 16**, line A3 (*Cost of work done for you by others on your materials*).
- Materials owned by other companies but used by this establishment to make products under contract or for a commission.

**Wholesaling Activities** (previously **Resales**) - The costs of imported or domestic products bought and sold or transferred from other establishments of your company and sold without further manufacture, processing, or assembly **should not be reported here**.

- The cost of these wholesale products should be reported on **Item 16**, line A2 (*Cost of products bought and sold without further processing*).
- The value of these wholesale products shipped by this establishment should be reported in **Item 22** on the line appropriate for the type of Wholesaling activity being reported.

Description	Census Material Code	Value
1. Nonferrous metal shapes, forms, sheet, strip, powder, and wire (excluding castings and forgings), excluding aluminum and copper	33141000	\$ <input type="text"/> ,000.00
2. Miscellaneous fabricated metal products (excluding hardware, containers, screw machine products (bolts, nuts, screws, etc.), bearing components, castings, forgings, and wire products)	33200091	\$ <input type="text"/> ,000.00
3. Miscellaneous aluminum and aluminum-base alloy shapes and forms, including powder (excluding castings, forgings, ingot, pig, shot, wire, sheet, plate, foil, welded tubing, rods, bars, and pipe)	33131020	\$ <input type="text"/> ,000.00
4. Aluminum and aluminum-base alloy scrap (excluding home scrap)	33000042	\$ <input type="text"/> ,000.00
5. Grinding wheels and other abrasive products (excluding industrial diamonds)	32791010	\$ <input type="text"/> ,000.00
6. Cost of all other materials and components, parts, containers, and supplies consumed <input type="text" value="Describe"/>	00970099	\$ <input type="text"/> ,000.00
<b>TOTAL</b>	77100000	\$ <input type="text"/> ,000.00



**ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUE**

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?

**Select ALL that apply.**

**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

The manufactured products and services listed below are generally made in your industry. Select the items that apply to your establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

**Manufacturing of Products Section** – Includes products shipped and services performed

**Include:**

- Products made elsewhere by others from materials supplied by this establishment.
- Products transferred to other establishments within your company.

**Exclude:**

- Wholesaling products (previously **Resales**) - Products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.
- Products **made from materials owned by others** (i.e. the customer). If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

**Manufacturing receipts for:**

1. Aluminum and aluminum-base alloy die-castings	<input type="checkbox"/>	2028100000
2. Nonferrous metals and alloys (excluding aluminum) die-castings	<input type="checkbox"/>	2028250000
3. Steel investment castings, including carbon, alloy and stainless steel, hi-temp metal (iron, nickel or cobalt-based alloys)	<input type="checkbox"/>	2028025000

Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

If quantities are requested, please use the unit of measure specified.

Below are the products and services you previously selected. If you make products or have revenue from sources not listed, describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

**Manufacturing of Products Section** – Report the value of the products shipped and services performed at the net selling value, free on board (FOB) plant to the customer, after discounts and allowances.

**Include:**

- Products made elsewhere by others from materials supplied by this establishment. Report these products on the specific lines as if they were made in this establishment.
- Products transferred to other establishments within your company. These products should be assigned the full economic value (market value); i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

**Exclude:**

- Wholesaling products (previously **Resales**), which include products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. Report these products in the appropriate Wholesaling products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Products **made from materials owned by others** (i.e. the customer). Report your commission or contract receipts in the appropriate Contract Manufacturing products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Freight charged
- Excise taxes

Description	Value	Product Code
<b>Manufacturing receipts for:</b>		
1. Aluminum and aluminum-base alloy die-castings	\$ <input type="text"/> ,000.00	2028100000
2. Nonferrous metals and alloys (excluding aluminum) die-castings	\$ <input type="text"/> ,000.00	2028250000
3. Steel investment castings, including carbon, alloy and stainless steel, hi-temp metal (iron, nickel or cobalt-based alloys)	\$ <input type="text"/> ,000.00	2028025000
<b>All other sales, shipments, receipts, or revenue from this establishment</b>		
4. Other manufacturing revenue, not elsewhere classified		
a. Other manufacturing revenue, not elsewhere classified - write-in #1		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	2054100003
b. Other manufacturing revenue, not elsewhere classified - write-in #2		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	2054100006
c. Other manufacturing revenue, not elsewhere classified - write-in #3		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	2054100009
5. Wholesaling services for other goods, not elsewhere classified		
a. Wholesaling services for other goods, not elsewhere classified - write-in #1		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	4005500003
b. Wholesaling services for other goods, not elsewhere classified - write-in #2		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	4005500006

c. Wholesaling services for other goods, not elsewhere classified - write-in #3

Describe

\$ ,000.00

4005500009

6. All other products and services, not elsewhere classified

a. All other products and services, not elsewhere classified - write-in #1

Pick one

Describe

\$ ,000.00

9000000003

b. All other products and services, not elsewhere classified - write-in #2

Pick one

Describe

\$ ,000.00

9000000006

c. All other products and services, not elsewhere classified - write-in #3

Pick one

Describe

\$ ,000.00

9000000009

Add Additional Products

**TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5**

\$ ,000.00

9900000000

**ITEM 26: BUSINESS COOPERATIVE**

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

- Yes
- No

Item 27: Manufacturing Activities - Manufacturing at This Location

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING AT THIS LOCATION**

In 2017, did this establishment manufacture any products or produce any goods at this location?

- Yes
- No

Item 27: Manufacturing Activities - Manufacturing by Other Company Locations Inside the U.S.

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY OTHER COMPANY LOCATIONS INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any other locations of your company **inside the U.S.**?

- Yes
- No

Item 27: Manufacturing Activities - Manufacturing by Affiliated Companies Inside the U.S.

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY AFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **affiliated** companies **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY UNAFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **unaffiliated** companies **inside the U.S.**?

- Yes
- No



**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf **outside the U.S.**?

*Include manufacturing done outside the U.S. by both affiliated and unaffiliated companies.*

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - DESIGN OR SPECIFICATION FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

In 2017, did this establishment determine the design or specifications for any of the products that were manufactured on its behalf?

*"Design or specifications" refers to the function of the product, not just the appearance or its packaging.*

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - PERCENTAGE OF REVENUE FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

What percentage of this establishment's total revenue in 2017 was from the sale of products that were manufactured on its behalf, per this establishment's design or specifications?

*Estimates are acceptable.*

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

**ITEM 27: MANUFACTURING ACTIVITIES - U.S. COMPANY AS A WHOLE - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, was your **U.S. company as a whole** responsible for the design of any products that were manufactured outside the U.S.?

- Yes
- No

Remarks

**REMARKS**

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.

**DEFINITION OF ESTABLISHMENT**

The reporting unit for this questionnaire is an **establishment**. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed.

**MAILING ADDRESS**

Please update the mailing address if needed.

ATTN
RECORD_ATTN_TXT

Name 1
RECORD_NAME1

Store/Plant
RECORD_STOR

Name 2
RECORD_NAME2

Number and Street
ADDR_STREET

City, town, village, etc.
ADDR_CITY

State
Select State or Territory

ZIP Code
ADDR_ZIP

**PHYSICAL LOCATION**

Please update the physical location if needed.  
(P.O. Box and rural route addresses are not physical locations.)

Number and Street
PHYSLOC_ADDR_STREET

City, town, village, etc.
PHYSLOC_ADDR_CITY

State
Select State or Territory

ZIP Code
PHYSLOC_A

**For Census Bureau Use Only**

CFN
RECORD_CFN

ELECTRONIC_B
--------------

**LEGAL BOUNDARY AND MUNICIPALITY**

Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Item 1: Employer Identification Number

**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

- Yes
- No



**ITEM 1: EMPLOYER IDENTIFICATION NUMBER**

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN
<input type="text"/>

**ADDITIONAL REPORTING GUIDELINES**

**GENERAL INSTRUCTIONS**

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable**. If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

**How to Report Dollar Figures:**

Dollar figures should be rounded to thousands of dollars

EXAMPLE: If a dollar figure is \$2,036,355.25

Report	Check if None	2017
	<input type="checkbox"/>	\$ 2036 ,000.00

EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

Report	Check if None	2017
	<input checked="" type="checkbox"/>	\$ ,000.00

**How to Report Percents:**

Percents should be **rounded to whole** percents

EXAMPLE: If figure is 38.76% of total sales

Report	2017
	39 %

**ITEM 2A: OWNERSHIP OR CONTROL**

Is your company owned or controlled by another domestic company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION**

Does another domestic company own more than 50 percent of the voting stock of your company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY**

Does another domestic company have the power to control the management and policies of your company?

- Yes
- No

**ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD**

What percent of voting stock was held by the owning or controlling company?

- Less than 50%
- 50%

**ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION**

What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company?

Name of owning or controlling company

Home office address (Number and street)

City, town, village, etc.

State  
Select States and Territories

ZIP Code

EIN

**ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION**

Does your company operate in more than one location?

- Yes
- No



Item 2B: Number of Establishments

**ITEM 2B: NUMBER OF ESTABLISHMENTS**

How many establishments operated under EIN at the end of 2017?

2017

**ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY**

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.

**ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENT INFORMATION**

Name

Secondary Name

Store/Plant Number

Number and Street

City, town, village, etc.

State

ZIP Code

Describe kind of business at this location

**For employees that worked at more than one location, report the employment and payroll data for employees at the ONE location where they spent most of their working time.**

Number of Employees for Pay Period including March 12

2017 Number

First Quarter Payroll  
 (Jan - March 2017)

2017  
 \$  ,000.00

Annual Payroll

2017  
 \$  ,000.00

Sales, Shipments, Receipts, or Revenue

2017  
 \$  ,000.00

**ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS**

**Consolidating Data for EIN :**

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for **Item 5**, Sales, Shipments, Receipts, or Revenue and **Item 22**, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for **Item 7**, Employment and Payroll that follows.
- Report combined data for all other questions that follow.

**ITEM 3: OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2017?


- In operation
- Under construction, development, or exploration
- Temporarily or seasonally inactive
- Ceased operation
- Sold or leased to another operator

Item 3: Operational Status - Ceased Operation Date

**ITEM 3: OPERATIONAL STATUS - CEASED OPERATION DATE**


When did this establishment cease operation?

MMDDYYYY



**ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION**

When was this establishment sold or leased to another operator?

MMDDYYYY  
 

What is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator?

Name of new owner/operator

Mailing Address (Number and Street, P.O. Box, etc.)

City, town, village, etc.

State  
Select States and Territories

ZIP Code

EIN

Item 4: Months in Operation

ITEM 4: MONTHS IN OPERATION

What was the number of months in operation during 2017?

Check  
if  
None

2017  
Number



**ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A.** What was the total value of products shipped and other receipts for this establishment?  
(Report detail in **Item 22**.)

**Include:**

- All products physically shipped from this establishment during 2017

**Exclude:**

- Freight charges
- Excise taxes

Check  
if  
None

	2017	
\$	<input type="text"/>	,000.00

**B.** What was the value of products shipped for export?  
(This is a breakout of the \$, 000.00 reported in **Item 5**, line A.)

**Include:**

- Products sold to the U.S. government to be shipped to foreign governments under military and economic assistance programs
- Products shipped to exporters or other wholesalers for export
- Products shipped to foreign subsidiaries or foreign divisions of your company and their affiliates

**Exclude:**

- Products shipped for further manufacture, assembly, or fabrication in the United States
- Freight charges
- Excise taxes
- Overseas sales to the U.S. government
- Shipments of bunker fuels and other supplies and equipment for U.S. vessels and planes engaged in foreign trade

\$	<input type="text"/>	,000.00
----	----------------------	---------

**C.** What was the market value of products shipped to other domestic plants of your company for further assembly, fabrication, or manufacture?  
(This is a breakout of the \$, 000.00 reported in **Item 5**, line A.)

**Include:**

- A reasonable portion of other costs (company overhead)
- A reasonable portion of profits

**Exclude:**

- Products that are shipped to or on order from your company's sales or wholesale offices and sold to customers outside your company

\$	<input type="text"/>	,000.00
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**D.** What percent of the \$,000.00 reported in **Item 5**, line A were for goods that were ordered or whose movement was controlled or coordinated over electronic networks?  
(Report whole percent.)

E-shipments are online orders accepted for manufactured products from customers. These include shipments to other domestic plants of your own company for further manufacture, assembly, or fabrication. The price and terms of sale for these shipments are negotiated over an online system. Payment may or may not be made online.

**Include:**

- Electronic Data Interchange (EDI)
- E-mail
- Internet
- Extranet
- Other online systems

<input type="text"/>	%
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**ITEM 7: EMPLOYMENT AND PAYROLL**

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) listed in **Item 1**
- All persons on paid sick leave, paid holidays, and paid vacation during the year at this establishment

**Exclude:**

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN (Report values in **Item 16**, line D1.)
- Temporary staffing obtained from a staffing service (Report values in **Item 16**, line D1.)
- Purchased professional and technical services (Report values in **Item 16**, line D9.)
- Subcontractors and their employees (Report cost of contract work in **Item 16**, line A3.)
- Fishermen, agricultural employees, members of the Armed Forces, and pensioners carried on your active rolls

**A.** What was the number of **production** workers at this establishment (**direct labor including first-line supervisors**) for the quarterly pay periods:

**Include:**

- Workers engaged in fabricating, processing, assembling, inspecting, receiving, packing, warehousing, shipping (but not delivering), maintenance, repair, janitorial, guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other closely associated services (including truck drivers delivering ready-mixed concrete)

	Check if None	2017 Number
1. March 12 (Q1)?	<input type="checkbox"/>	<input type="text"/>
2. June 12 (Q2)?	<input type="checkbox"/>	<input type="text"/>
3. September 12 (Q3)?	<input type="checkbox"/>	<input type="text"/>
4. December 12 (Q4)?	<input type="checkbox"/>	<input type="text"/>
<b>TOTAL Production</b> workers at this establishment ( <b>direct labor including first-line supervisors</b> ) (Add lines A1 through A4.)	<input type="checkbox"/>	<input type="text"/>
<b>B. Average</b> number of <b>annual production</b> workers at this establishment ( <b>direct labor including first-line supervisors</b> )? (Divide <b>TOTAL Production</b> workers by 4 and round to the nearest whole number.)	<input type="checkbox"/>	<input type="text"/>

**C.** What was the number of all **other (non production)** employees at this establishment for the **first quarter** (January - March 2017)?

**Include:**

- Officers at **this** establishment, if a corporation
- Supervision above line-supervisor level
- Sales employees, including delivery (truck driver and helpers)
- Advertising, clerical, credit, collection, purchasing, finance, legal, executive, and technical employees
- Employees installing and servicing this establishment's products

**Exclude:**

- Proprietors and partners, if an unincorporated concern
- Temporary staff and leased employees (Report values in **Item 16**, line D1.)

	<input type="checkbox"/>	<input type="text"/>
<b>TOTAL</b> (Add lines B and C.)	<input type="checkbox"/>	<input type="text"/>

**D. HOURS WORKED:**

What was the **annual** number of hours worked by the **production** workers at this establishment (**direct**

labor including first-line supervisors) reported in line B?

**Exclude:**

- Hours paid for vacations, holidays, or sick leave unless an employee elects to work during their vacation period. Report only actual hours worked by such employee. Overtime hours should be reported as actual hours worked and not as straight-time equivalent hours.

2017 Hours
<input type="text"/>
,000

**E. PAYROLL**

What was the **annual** payroll at this establishment before deductions for:

**Exclude:**

- Employer-paid annual cost for fringe benefits reported in lines F1 through F3

1. Production workers reported in line B?

2017
\$ <input type="text"/>
,000.00

2. All other employees reported in line C?

\$ <input type="text"/>
,000.00

**TOTAL** (Add lines E1 and E2.)

\$ <input type="text"/>
,000.00

What was the **first quarter** payroll at this establishment before deductions (January - March 2017)?

\$ <input type="text"/>
,000.00

**F. EMPLOYER-PAID ANNUAL COST FOR FRINGE BENEFITS**

*(This is the employer's annual cost at this establishment for legally required programs and programs not required by law. If any of the items here are maintained in your records only at the company level, allocate their costs to the manufacturing establishment. You may distribute the total on the basis of the ratio of the payroll of each manufacturing establishment to the total company payroll unless you have developed your own method of making such allocations. Specify the method used and the approximate portion that has been allocated in the REMARKS section at the end of the instrument.)*

**Include:**

- Premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs)
- Spread on stock options that are taxable to employees at this establishment as wages

**Exclude:**

- Employee contributions
- Disbursements from trusts or funds to satisfy health insurance claims

What were the **employer's annual costs** at this establishment for:

1. **Health Insurance?** - Insurance premiums on hospitals, medical plans, and single-service plans such as dental, vision, and prescription drug plans

\$ <input type="text"/>
,000.00

2. **Retirement Plans?**

**a. Defined benefit pension plans (qualified and nonqualified)** - Plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include employee's compensation and years of service and are not allocated to specific accounts maintained for employees.

\$ <input type="text"/>
,000.00

**b. Defined contribution plans** - Plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity.

**Examples:**

- Profit sharing plans
- Money purchases (e.g., 401k, 403b)
- Stock bonus plans (e.g., ESOPs)

\$ <input type="text"/>
,000.00

3. **Payroll taxes, employer-paid insurance premiums, and other employer-paid benefits?**

**Include:**

- Legally-required fringe benefits (e.g. Social Security, workers compensation insurance, state disability insurance programs, long- and short- term disability, unemployment tax, and Medicare)

- Life insurance benefits
- "Quality of life" benefits (e.g. childcare assistance, adoption assistance, subsidized commuting, long-term care insurance, flexible workplace, employer-provided home PC, etc.)
- Employer contributions to pre-tax benefit accounts (e.g. health savings account)
- Education assistance
- Stock options
- Other benefits not specified above (e.g. job-related travel accident insurance, education assistance, wellness programs, fitness centers, employee assistance programs, etc.)

**Exclude:**

- Disbursements from trusts or funds to satisfy health insurance claims

\$		,000.00
----	--	---------

**4. TOTAL** (Add lines F1 through F3.)

\$		,000.00
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**ITEM 9: VALUE OF INVENTORIES**

Report inventories at cost or market using generally accepted accounting practices, and report all inventories owned by this establishment regardless of where the inventories are held. If this establishment is part of a multiple-establishment company, assign to each establishment those inventories that the establishment is responsible for as if it owned them.

What were the value of inventories **owned by this establishment** as of December 31 before Last-In, First-Out (LIFO) adjustment (if any) for:

	Check if None	2017	Check if None	2016
<b>A.</b> Finished goods (final output of this establishment, but still within ownership)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>B.</b> Work-in-process (goods that have been substantially transformed in the manufacturing process, but are not yet the final output of the establishment)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>C.</b> Materials, supplies, fuels, etc. (goods that are raw inputs to the manufacturing process and will be substantially altered to produce this establishment's output)?	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00
<b>TOTAL</b> (Add lines A through C.)	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00	<input type="checkbox"/>	\$ <input style="width: 80px;" type="text"/> ,000.00

**ITEM 10: INVENTORIES BY VALUATION METHODS**

Of the \$, 000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2017 and the \$,000.00 reported in **Item 9** as the total value of inventories **owned by this establishment** as of December 31, 2016, how much is subject to the following valuation methods:

**A. Non-LIFO (Last-In, First-Out) valuation methods**

	Check if None	2017	Check if None	2016
1. First-In, First-Out (FIFO)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
2. Average Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
3. Standard Cost?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
4. Other non-LIFO valuation method(s)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<input type="text" value="Describe"/>				
<b>TOTAL</b> (Add lines A1 through A4.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>B. LIFO Valuation Method</b> (gross LIFO amount)?	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>TOTAL</b> Non-LIFO and LIFO methods (Add TOTAL of lines A1 through A4 and B.)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00
<b>C. What is the amount of LIFO reserve</b> (if any)? (If the value of reserve is negative, use "-".)	<input type="checkbox"/>	\$ <input type="text"/> ,000.00	<input type="checkbox"/>	\$ <input type="text"/> ,000.00

**ITEM 11: INVENTORIES OUTSIDE OF THE UNITED STATES**

Of the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2017, and the \$,000.00 reported in **Item 9** as the total value of inventories owned by this establishment as of December 31, 2016, what was the value of inventories stored or en route OUTSIDE the 50 U.S. states and the District of Columbia?

**Exclude:**

- Inventory held in Foreign Trade Zones or in bonded warehouses in the U.S

For more detailed definitions, please see:

<http://enforcement.trade.gov/ftzpage/info/ftzstart.html>

Check  
if  
None

2017  
\$  ,000.00

Check  
if  
None

2016  
\$  ,000.00

**ITEM 13: ASSETS, CAPITAL EXPENDITURES, AND RETIREMENTS**

**Include:**

- Dollar value of assets, capital expenditures, and retirements
- Buildings, structures, and equipment used directly or indirectly by this establishment to produce the goods and services reported in **Item 5**, line A and **Item 22**

	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">Check if None</div>	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">2017</div>
<b>A.</b> What was the gross value of depreciable assets ( <b>acquisition costs</b> ) at the beginning of the year?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
<b>B.</b> What were the capital expenditures for new and used depreciable assets in 2017 for:		
<b>1.</b> New and used buildings and other structures?		
<b>Exclude:</b>		
• The value of land on which structures stand	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
<b>2.</b> New and used machinery and equipment?		
a. Automobiles, trucks, etc. for highway use?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
b. Computers and peripheral data processing equipment?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
c. All other expenditures for machinery and equipment?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
<b>TOTAL</b> (Add lines B1 and B2a through B2c.)	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
<b>C.</b> What was the gross value of depreciable assets sold, retired, scrapped, destroyed, etc.?	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00
<b>D.</b> What was the value of depreciable assets at the end of the year? (Add lines A, B1, B2a through B2c and subtract line C.)	<input type="checkbox"/>	\$ <input style="width: 100px;" type="text"/> ,000.00



**ITEM 14: RENTAL PAYMENTS**

**Include:**

- Operating leases

**Exclude:**

- Capital leases (leases with a contract to own at the end of the lease)

At this establishment, what were the payments for:

**A. Rental or lease of buildings and other structures?**

**Include:**

- Job-site trailers
- Land on which the buildings and other structures stand

Check  
if  
None

2017	
\$	,000.00

**B. Rental or lease of machinery and equipment?**

**Include:**

- Production, loading, and transportation machinery and equipment
- Construction equipment
- Tools
- Office equipment
- Furniture
- Vehicles

**Exclude:**

- Computer time-sharing charges for machinery and equipment rentals from computer service companies where the computer is not on site at the establishment

\$	,000.00
----	---------

\$	,000.00
----	---------

**TOTAL** (Add lines A and B.)

**ITEM 16: SELECTED EXPENSES**

**A.** For this establishment, what were the production-related costs in 2017 for:

**1.** Materials, parts, containers, packaging, supplies, etc. used for manufacturing processes, repairs, services for others, or other operating supplies? *(Report detail in Item 18.)*

**Include:**

- Cost of production-related materials purchased by this establishment for other companies (contractors).

**Exclude:**

- Non-production-related expenses that were paid to other companies (contractors) by this establishment. *(Report these expenses on the next screen in Item 16, line D.)*

Check if None

**2.** Products bought and sold without further processing? (Report sales in **Item 5**, line A and in Wholesaling Services product codes in **Item 22**.)

**3.** Work done for you by others on your materials (work contracted to others)? *(Report on line A1 the cost of production-related materials purchased by this establishment for other companies (contractors).)*

**4.** Purchased fuels consumed for heat, power, or the generation of electricity? *(Report on line B2 the quantity of electricity generated (Gross less generating station use).)*

**5.** Purchased electricity? *(Report comparable quantity on line B1.)*

**TOTAL** (Add lines A1 through A5.)

2017	
\$	,000.00
\$	,000.00
\$	,000.00
\$	,000.00
\$	,000.00
\$	,000.00

**B.** For this establishment, what was the quantity of:

**1.** Purchased electricity? *(Quantity comparable to cost reported in line A5)*

**2.** Generated electricity (gross less generating station use)? *(Quantity comparable to cost reported in line A4)*

**3.** Electricity sold or transferred to other establishments? *(Also include quantity on lines B1 and/or B2.)*

2017 Kilowatt Hours	
	,000
	,000
	,000

**C.** For this establishment, what were the depreciation/amortization charges for the current year obtained from your income statement? *(Include depreciation on all assets reported in Item 13.)*

2017	
\$	,000.00

**ITEM 16: SELECTED EXPENSES**

D. What were the other operating expenses paid by this establishment in 2017 for:

**Include:**

- Expenses normally considered as non-production-related costs purchased from other companies

1. Temporary staff and leased employees? (Professional Employer Organizations and staffing agencies for personnel)

**Include:**

- All charges for payroll, benefits, and services

Check if None

2017	
\$	,000.00

2. Expensed equipment? (Expensed computer hardware and other equipment)

**Include:**

- Copiers
- Fax machines
- Telephones
- Shop and lab equipment
- CPUs
- Monitors

**Exclude:**

- Packaged software (Report on line D3.)
- Leased and rented equipment (Report in **Item 14**, line B.)

\$	,000.00
----	---------

3. Expensed purchases of software? (Purchases of prepackaged, custom-coded or vendor-customized software)

**Include:**

- Software developed or customized by others
- Web-design services and purchases
- Licensing agreements
- Upgrades of software
- Maintenance fees related to software upgrades and alterations

\$	,000.00
----	---------

4. Purchased communication services?

**Include:**

- Telephone, cellular, and fax services
- Computer-related communications (e.g., Internet, connectivity, online)
- Other wired and wireless communication services
- Credit card transaction fees

\$	,000.00
----	---------

5. Data processing and other purchased computer services?

**Include:**

- Computer facilities management services
- Computer input preparation
- Data storage
- Computer time rental
- Optical scanning services
- Other computer-related advice and services, including training

**Exclude:**

- Services provided by other establishments of this company (such as a separate central data processing unit)
- Expensed integrated systems (Report in line D4.)
- Repair and maintenance of computer equipment (Report on line D6.)
- Payroll processing and credit card transaction fees (Report payroll processing fees on line D9 and credit card transaction fees on line D4.)
- Expenses for telecommunication services (e.g., Internet, connectivity, telephone) (Report on line D4.)

\$	,000.00
----	---------

6. Purchased repairs and maintenance to buildings and/or machinery and equipment?

**Include:**

- Repairs for painting, roof repairs, replacing parts, over-hauling of equipment, and other repairs chargeable as current operating costs
- Cost of repair and maintenance of any leased property if this establishment assumes the cost

**Exclude:**

- Extensive "repairs" or reconstruction that is capitalized. Report these as a capital expenditures in **Item 13**.
- Costs of materials, parts, and supplies directly incurred by this establishment using its own work force to perform repairs and maintenance

\$  ,000.00

7. Water, sewer, refuse removal, and other non-electric utility payments?

(Report electric utility payments on line A5. If the costs of these utilities are included in a lease or rental payment, report in **Item 14**, line A.)

**Include:**

- Cost of hazardous waste removal or treatment

**Exclude:**

- Cost of refuse removal services if included in rental payments
- Machinery or equipment reported as a capital expenditure in **Item 13**
- Cost of salaries paid to employees of this establishment whose work involves refuse removal and/or hazardous waste removal or treatment

\$  ,000.00

8. Purchased advertising and promotional services?

**Include:**

- Marketing and public relations services

**Exclude:**

- Salaries paid to employees of this establishment for advertising work

\$  ,000.00

9. Purchased professional and technical services?

**Include:**

- Management consulting
- Accounting
- Auditing
- Bookkeeping
- Legal
- Actuarial
- Payroll processing
- Architectural
- Engineering
- Other professional services (i.e. janitorial, security, or landscape services)

**Exclude:**

- Salaries paid to your own employees for these services (Report in **Item 7**.)

\$  ,000.00

10. Governmental taxes and licensing fees? (Payments to government agencies for taxes and licenses)

**Include:**

- Business and property taxes

**Exclude:**

- Income taxes

\$  ,000.00

11. All other operating expenses not reported elsewhere?

**Exclude:**

- Purchases of merchandise for resale
- Non-operating expenses

Describe

\$  ,000.00

TOTAL (Add lines 1 through 11.)



\$

,000.00

**ITEM 17A: PRINCIPAL BUSINESS OR ACTIVITY**

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?  
If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

**Select only ONE.**

332431 001  Metal Can Manufacturing

332439 001  Other Metal Container Manufacturing

332420 001  Metal Tank (Heavy Gauge) Manufacturing

332410 001  Power Boiler and Heat Exchanger Manufacturing

773000 001  Other principal business or activity - Describe

Describe

**ITEM 18: DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES**

Of the \$,000.00 of materials, parts, and supplies in 2017, reported on Item 16, line A1, how much was for the following specified materials?

**General** - The sum of the costs of the itemized materials in this section should equal the figure reported on **Item 16**, line A1 (*Cost of materials, parts, containers, packaging, etc. used*). The following is a breakout of the \$,000.00 currently reported there. The materials, parts, and supplies listed below are commonly consumed in the manufacture, processing, or assembly of the products listed in **Item 22**.

- Please review the entire list and report separately each item consumed.
- Leave a material blank if you did not consume the item.
- Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.
- If the information as requested cannot be taken directly from your book records, **reasonable estimates are acceptable**.

**Valuation of Materials Consumed** - The value of the materials, parts, and supplies consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts, and including freight and other direct charges incurred in acquiring the materials.

- Materials transferred from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).
- If purchases or transfers do not differ significantly from the amounts actually consumed, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory, reported on **Item 9**.

**Contract Manufacturing** - The value of materials used for products produced under contract by other companies.

**Include:**

- Materials purchased by this establishment to be consumed by companies that are manufacturing products for this establishment under contract.

**Exclude:**

- Amounts paid to companies that are manufacturing products for this establishment under contract. Report these amounts on **Item 16**, line A3 (*Cost of work done for you by others on your materials*).
- Materials owned by other companies but used by this establishment to make products under contract or for a commission.

**Wholesaling Activities (previously Resales)** - The costs of imported or domestic products bought and sold or transferred from other establishments of your company and sold without further manufacture, processing, or assembly **should not be reported here**.

- The cost of these wholesale products should be reported on **Item 16**, line A2 (*Cost of products bought and sold without further processing*).
- The value of these wholesale products shipped by this establishment should be reported in **Item 22** on the line appropriate for the type of Wholesaling activity being reported.

Description	Census Material Code	Value
1. Steel sheet, steel strip, and tin mill products	33120073	\$ <input type="text"/> ,000.00
2. Steel bars (including concrete reinforcing bars), bar shapes, and plate (excluding castings, forgings, and fabricated metal products)	33120007	\$ <input type="text"/> ,000.00
3. Miscellaneous iron, steel, and ferroalloy ingot, shapes, and forms (excluding castings, forgings, bars, structural shapes, wire, sheet, strip, and semifinished shapes)	33110090	\$ <input type="text"/> ,000.00
4. Aluminum and aluminum-base alloy sheet, plate, foil (including packaging products), and welded tubing	33131501	\$ <input type="text"/> ,000.00
5. Miscellaneous aluminum and aluminum-base alloy shapes and forms, including powder (excluding castings, forgings, ingot, pig, shot, wire, sheet, plate, foil, welded tubing, rods, bars, and pipe)	33131020	\$ <input type="text"/> ,000.00
6. Nonferrous metal shapes, forms, sheet, strip, powder, and wire (excluding castings and forgings), excluding aluminum and copper	33141000	\$ <input type="text"/> ,000.00
7. Metal containers, cans, lids, ends, and parts	33200030	\$ <input type="text"/> ,000.00
8. Miscellaneous fabricated metal products (excluding hardware, containers, screw machine products (bolts, nuts, screws, etc.), bearing components, castings, forgings, and wire products)	33200091	\$ <input type="text"/> ,000.00
9. Paints, varnishes, stains, lacquers, shellacs, japans, enamels, and allied products	32551002	\$ <input type="text"/> ,000.00
10. Cost of all other materials and components, parts, containers, and supplies consumed <input type="text" value="Describe"/>	00970099	\$ <input type="text"/> ,000.00
<b>TOTAL</b>	77100000	\$ <input type="text"/> ,000.00

**ITEM 22: DETAIL OF SALES, SHIPMENTS, RECEIPTS OR REVENUE**

Of the **\$,000.00** of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what products and services were included?  
**Select ALL that apply.**

**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

The manufactured products and services listed below are generally made in your industry. Select the items that apply to your establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

**Manufacturing of Products Section –** Includes products shipped and services performed

**Include:**

- Products made elsewhere by others from materials supplied by this establishment.
- Products transferred to other establishments within your company.

**Exclude:**

- Wholesaling products (previously **Resales**) - Products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.
- Products **made from materials owned by others** (i.e. the customer). If you make products or have revenue from other sources not listed, you will have the opportunity to report them later.

**Wholesaling Products Section –** Includes product lines sold by this establishment. These product lines were previously grouped together in one product code - **Resales**.

**Include:**

- Products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment.
- Imported products, including products made by your foreign affiliates, which are **sold without further manufacture, processing, or assembly** by this establishment.

**Exclude:**

- Receipts for construction, delivery, installation, and service contracts from the commodity sales.

**Manufacturing receipts for:**

1. Steel cans and tinware end products, including ice cream cans, lids, ends, and parts	<input type="checkbox"/>	2048550000
2. Aluminum cans, including lids, ends, and parts	<input type="checkbox"/>	2048575000
3. Other metal processing and metalworking contract manufacturing services	<input type="checkbox"/>	2053610000
<b>All other sales, shipments, receipts, or revenue from this establishment</b>		
4. Wholesale sales of recyclable ferrous metal scrap	<input type="checkbox"/>	4003650000
5. Wholesale sales of recyclable nonferrous metal scrap	<input type="checkbox"/>	4003675000



Of the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in **Item 5**, what was the value for each product or service?

**General – Please do not combine product lines.** If the information is not directly available from your records, **reasonable estimates are acceptable.**

If quantities are requested, please use the unit of measure specified.

Below are the products and services you previously selected. If you make products or have revenue from sources not listed, describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

**Manufacturing of Products Section** – Report the value of the products shipped and services performed at the net selling value, free on board (FOB) plant to the customer, after discounts and allowances.

**Include:**

- Products made elsewhere by others from materials supplied by this establishment. Report these products on the specific lines as if they were made in this establishment.
- Products transferred to other establishments within your company. These products should be assigned the full economic value (market value); i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

**Exclude:**

- Wholesaling products (previously **Resales**), which include products that are bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment. Report these products in the appropriate Wholesaling products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Products **made from materials owned by others** (i.e. the customer). Report your commission or contract receipts in the appropriate Contract Manufacturing products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.
- Freight charged
- Excise taxes

**Wholesaling Products Section** – Report sales for each product line sold by this establishment. In prior Censuses, these product lines were grouped together in one product code for **Resales**.

**Include:**

- Products bought from other establishments or transferred from other establishments of your company and then **sold without further manufacture, processing, or assembly** by this establishment.
- Imported products, including products made by your foreign affiliates, which are **sold without further manufacture, processing, or assembly** by this establishment.

**Exclude:**

- Receipts for construction, delivery, installation, and service contracts from the commodity sales. Report these products in the appropriate products line(s) you selected or else describe and report them in the "All other sales, shipments, receipts, or revenue from this establishment" section at the end of this question.

Description	Value	Product Code
<b>Manufacturing receipts for:</b>		
1. Steel cans and tinware end products, including ice cream cans, lids, ends, and parts	\$ <input type="text"/> ,000.00	2048550000
2. Aluminum cans, including lids, ends, and parts	\$ <input type="text"/> ,000.00	2048575000
3. Other metal processing and metalworking contract manufacturing services	\$ <input type="text"/> ,000.00	2053610000
<b>All other sales, shipments, receipts, or revenue from this establishment</b>		
4. Wholesale sales of recyclable ferrous metal scrap	\$ <input type="text"/> ,000.00	4003650000
5. Wholesale sales of recyclable nonferrous metal scrap	\$ <input type="text"/> ,000.00	4003675000
6. Other manufacturing revenue, not elsewhere classified		
a. Other manufacturing revenue, not elsewhere classified - write-in #1		
<input type="text" value="Describe"/>	\$ <input type="text"/> ,000.00	2054100003

b. Other manufacturing revenue, not elsewhere classified - write-in #2

Describe

\$ ,000.00

2054100006

c. Other manufacturing revenue, not elsewhere classified - write-in #3

Describe

\$ ,000.00

2054100009

7. Wholesaling services for other goods, not elsewhere classified

a. Wholesaling services for other goods, not elsewhere classified - write-in #1

Describe

\$ ,000.00

4005500003

b. Wholesaling services for other goods, not elsewhere classified - write-in #2

Describe

\$ ,000.00

4005500006

c. Wholesaling services for other goods, not elsewhere classified - write-in #3

Describe

\$ ,000.00

4005500009

8. Other service revenue, not elsewhere classified

a. Other service revenue, not elsewhere classified - write-in #1

Describe

\$ ,000.00

7017500003

b. Other service revenue, not elsewhere classified - write-in #2

Describe

\$ ,000.00

7017500006

c. Other service revenue, not elsewhere classified - write-in #3

Describe

\$ ,000.00

7017500009

9. All other products and services, not elsewhere classified

a. All other products and services, not elsewhere classified - write-in #1

Pick one

Describe

\$ ,000.00

9000000003

b. All other products and services, not elsewhere classified - write-in #2

Pick one

Describe

\$ ,000.00

9000000006

c. All other products and services, not elsewhere classified - write-in #3

Pick one

Describe

\$ ,000.00

9000000009

Add Additional Products

TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5

\$ ,000.00

9900000000

**ITEM 26: BUSINESS COOPERATIVE**

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

Yes

No

Item 27: Manufacturing Activities - Manufacturing at This Location

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING AT THIS LOCATION**

In 2017, did this establishment manufacture any products or produce any goods at this location?

- Yes
- No

Item 27: Manufacturing Activities - Manufacturing by Other Company Locations Inside the U.S.

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY OTHER COMPANY LOCATIONS INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any other locations of your company **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY AFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **affiliated** companies **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING BY UNAFFILIATED COMPANIES INSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf by any **unaffiliated** companies **inside the U.S.**?

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, did this establishment have any manufacturing done on its behalf **outside the U.S.**?

*Include manufacturing done outside the U.S. by both affiliated and unaffiliated companies.*

- Yes
- No



**ITEM 27: MANUFACTURING ACTIVITIES - DESIGN OR SPECIFICATION FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

In 2017, did this establishment determine the design or specifications for any of the products that were manufactured on its behalf?

*"Design or specifications" refers to the function of the product, not just the appearance or its packaging.*

- Yes
- No

**ITEM 27: MANUFACTURING ACTIVITIES - PERCENTAGE OF REVENUE FOR PRODUCTS MANUFACTURED ON ITS BEHALF**

What percentage of this establishment's total revenue in 2017 was from the sale of products that were manufactured on its behalf, per this establishment's design or specifications?

*Estimates are acceptable.*

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

**ITEM 27: MANUFACTURING ACTIVITIES - U.S. COMPANY AS A WHOLE - MANUFACTURING DONE OUTSIDE THE U.S.**

In 2017, was your **U.S. company as a whole** responsible for the design of any products that were manufactured outside the U.S.?

- Yes
- No

Remarks

**REMARKS**

(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.

You have

1000

characters left.